

The Rotary Club of Ponte Vedra Beach, Inc.
Ponte Vedra Beach Rotary Foundation, Inc.
Authorization for Electronic Payments

Member Name: _____

Billing Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

I authorize The Rotary Club of Ponte Vedra Beach, Inc. / Ponte Vedra Beach Rotary Foundation, Inc. to automatically charge my bank account or credit card (information provided below) for the following charges:

The Rotary Club of Ponte Vedra Beach, Inc. **Approved (Initial here)** _____

- Annual Paul Harris Contribution (7/1)
- Quarterly Member Dues (7/1, 10/1, 1/1 & 4/1)
- Club Events
- Guest Meals

Ponte Vedra Beach Rotary Foundation, Inc. **Approved (Initial here)** _____

- Mineral City Event Tickets (Annual tickets)
- Mineral City Purchases (Raffle, Auctions, Etc.)

BANK AUTO DRAFT

Name on account: _____

Name of Bank: _____ Checking: _____ or Savings: _____

Account Number: _____

Routing Number: _____

Attach a voided check to ensure accuracy. Returned payments subject to \$50 fee

CREDIT CARD AUTO-PAY

Name on card: _____

Type of card: _____

Card # _____

Expiration Date _____ CVV Code _____ Billing Zip Code: _____

Member Signature: _____ **Date:** _____

Return this form to Dionne Smith for processing. Secure portal available for transmitting forms.

Questions: 904-463-7775 or Dionne@SmithBooksInc.com

Cancel at any time with 30 day written notice.