The Rotary Club of Ponte Vedra Beach, Inc. Ponte Vedra Beach Rotary Foundation, Inc.

## **Authorization for Electronic Payments**

Billing Address:		
City, State:		Zip:
Phone:	Email:	
•	matically charge my ban	, Inc. / Ponte Vedra Beach Rotary k account or credit card (informatio
The Rotary Club of Ponte V	edra Beach, Inc.	Approved (Initial here)
<ul> <li>Annual Paul H</li> </ul>	arris Contribution (7/1)	
•	mber Dues (7/1, 10/1, 1/1	& 4/1)
Club Events     Cuest Meels		
Guest Meals		
Ponte Vedra Beach Rotary	Foundation, Inc.	Approved (Initial here)
	vent Tickets (Annual ticket	
<ul> <li>Mineral City Pt</li> </ul>	urchases (Raffle, Auctions,	Etc.)
,	urchases (Raffle, Auctions,	Etc.)
Mineral City Po  BANK AUTO DRAFT	urchases (Raffle, Auctions,	Etc.)
,	, , , , , , , , , , , , , , , , , , ,	Etc.)
BANK AUTO DRAFT  Name on account:	`	Etc.)  Checking: or Savings:
BANK AUTO DRAFT  Name on account:		_ Checking: or Savings:
Name on account:  Name of Bank:  Account Number:  Routing Number:		_ Checking: or Savings:
Name on account:  Name of Bank:  Account Number:  Routing Number:		_ Checking: or Savings:
Name on account:  Name of Bank:  Account Number:  Routing Number:		_ Checking: or Savings:
BANK AUTO DRAFT  Name on account: Name of Bank: Account Number: Routing Number:  Att  CREDIT CARD AUTO-PAY	tach a voided check to ensure ac	_ Checking: or Savings: ccuracy. Returned payments subject to \$50 fee
BANK AUTO DRAFT  Name on account: Name of Bank: Account Number: Routing Number:  Att  CREDIT CARD AUTO-PAY  Name on card:	tach a voided check to ensure ac	_ Checking: or Savings: ccuracy. Returned payments subject to \$50 fee
BANK AUTO DRAFT  Name on account: Name of Bank: Account Number: Routing Number:  Att  CREDIT CARD AUTO-PAY  Name on card: Type of card:	tach a voided check to ensure ac	_ Checking: or Savings:
BANK AUTO DRAFT  Name on account: Name of Bank: Account Number: Routing Number:  Att  CREDIT CARD AUTO-PAY  Name on card: Type of card: Card #	tach a voided check to ensure ac	_ Checking: or Savings:
BANK AUTO DRAFT  Name on account: Name of Bank: Account Number: Routing Number:  Att  CREDIT CARD AUTO-PAY  Name on card: Type of card: Card #  Expiration Date	tach a voided check to ensure ac	_ Checking: or Savings:

You may print the form and bring it to a Club meeting, mail it to the Club's PO Box (below) or send it via secure server link (save the filled form to your PC, open the file and click on the "Click here to upload files securely link") Click here to upload files securely

Questions: 904.608.4174 or Lorraine.Dorsa@gmail.com

Cancel at any time with 30 day written notice.