



AUTOMATIC PAYMENT AUTHORIZATION

To sign up for the automatic bill payment plan, complete this authorization and return to the contact information on this form. We regret that we are not able to extend this service to members using foreign banks, investment banks, or money market accounts.

You will be delivered a quarterly invoice. Your payment will be deducted from the account specified below on the last Friday of the month invoiced. As an incentive to use this preferred convenient payment method, a discount on your assessment payments by 2% can be extended, as long as you remain enrolled; however, Tamarack Municipal Association Inc (TMA) does reserve the right to offer this discount on a discretionary basis.

If your payment is returned to the TMA for any reason, a Returned Payment Processing Fee of \$35.00 will be assessed and is subject to change.

Authorization forms must be received at least 15 days before the next billing cycle to allow time for processing. If you wish to make changes to this agreement (i.e. change banks, credit card, or method of payment), a new authorization form must be completed and returned.

PLEASE PRINT

Select One: **NEW** Automatic Payment Authorization **CHANGE** Automatic Payment Authorization

Name _____ Account No. _____

TAMARACK
Street Address _____
Street City State Zip

Billing Address _____
Street City State Zip

Phone _____ Alt Phone _____ Email _____

ACH Enrollment

CREDIT CARD Enrollment

Name on Account _____

Name on Credit Card _____

Bank Name _____

Card Type VS MC DC AX

Bank Location _____

Credit Card No. _____

Routing No. _____

Exp. Date (MM/DD/YY) _____

Account No. _____

Security Code _____

I, AUTHORIZED SIGNATURE OF ABOVE, UNDERSTAND AND APPROVE TAMARACK MUNICIPAL ASSOCIATION INC TO TRANSFER MY ASSESSMENT PAYMENT ON THE SCHEDULED DATES AS DESCRIBED ABOVE. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL I HAVE GIVEN WRITTEN NOTIFICATION TO MAKE CHANGES TO OR TERMINATE IT.

Authorized Signature _____ Date _____