



Checking Account Authorization Form

_____ authorize
 (please print name)

the Central Bucks Chamber of Commerce to keep my

_____ checking account information with the
 (bank name)

account number of _____
 (bank account number)

and the routing number of _____ on file for use with
 (routing number)

invoices up to the following amount _____.
 (maximum amount to check account annually)

 (Authorized Signer's Name - Print)

 (Signature Authorizing Change)

Business Name: _____

Address: _____

City and State: _____

Phone Number: _____

CIRCLE ONE: Annual Semi-Annual Quarterly

**To sign up or change authorization in any way, member must come into CBCC headquarters and authorize in person.*

AutoDraft Dues + Annual Processing Fee

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>
1 – 3	\$330	\$165	\$82.50
4 – 10	\$465	\$232.50	\$116.25
11 – 2	\$610	\$305	\$152.50
26 – 50	\$780	\$390	\$195
51 – 100	\$995	\$497.50	\$248.75
101 – 500	\$1260	\$630	\$315
501 - 999	\$1765	\$882.50	\$441.25
1000 – above	\$2330	\$1115	\$557.50