INTERNATIONAL CENTER OF WEST LAFAYETTE

523 N. Russell St., West Lafayette, IN 47906 • info@intlctr.org • 765-743-4353

RECURRING PAYMENT AUTHORIZATION FORM

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

COUNTRY: _____

Recurring Payments Will Make Your Life Easier: It's Convenient (Saving You Time & Postage)

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express, or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your debit or credit card of choice. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your next bank statement as "Square Inc/International Center ACH." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I authorize **the International Center of West Lafayette** to automatically bill the debit/credit card listed below for:

Recurring amount: $ _____

Frequency (check one) ____ One time _____ Weekly _____ Monthly ____ Quarterly ____ Annually

Start payments on: _____ /_____ /_____
Month Day Year

Please choose one: End payments on: _____ / _____ / _____ OR No end date: _____
(Payment plan can be canceled anytime) Month Day Year

Card Billing address: _____ Phone: _____

City, State, Zip: _____ Country: _____

Email: _____

Check card selection (*choose one*): __ Visa __ MasterCard __ American Express __ Discover

Cardholder Name (*exactly as on the card*): _____

Card number: _____ Exp. Date: _____ CVV: _____

SIGNATURE: _____ DATE: _____

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the International Center of WL in writing by mail at 523 N. Russell St., West Lafayette, IN 47906 or by email at info@intlctr.org of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH Transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this debit/credit card account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.