



DEFERRED BILLING OPTIONS

Option #1 - Credit Card

I hereby authorize the Wachusett Chamber of Commerce to charge my MasterCard or Visa, listed below, according to the following schedule:

1 Payment of \$ _____ charged on the ____ day of the month of _____.

2 Equal payments of \$ _____ charged on the ____ day of the month beginning in the month of _____.

4 Equal payments of \$ _____ charged on the ____ day of the month beginning in the month of _____.

Company Name

Name as it Appears on Card

Billing Address

Credit Card Number

Expiration Date

CVC2 Number
(Last 3 #'s on back of card)

Signature

Option #2 – Bank Account Withdrawal

I hereby authorize the Wachusett Chamber of Commerce to deduct 12 equal monthly payments from my checking or savings account, listed below:

Name on the Account

Bank Name

Routing Number

Account Number

Signature

Your partner in business.

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