



Payment Authorization Form

Member Information

Member Name: _____ Company Name: _____

Contact Phone Number: _____ Email Address: _____

Recurring Payment Information: If you would like to enjoy the convenience (and avoid late fees) of automatic credit card payments when recurring billings are due (or other fees as indicated below), simply fully complete the information needed below and sign the form. All Requested information is required. **Upon approval, we will automatically charge your credit card for the items indicated below on the 10th day of the month fees are due (if the 10th falls on a weekend, your credit card will be processed on the next business day).** All charges will appear on your monthly credit card statement. This authorization will terminate upon your credit card's expiration date or you may cancel this automatic billing authorization at any time by contacting the WAAR office, 757-253-0028. I authorize the Williamsburg Area Association of REALTORS® (WAAR) and/ or the Williamsburg Multiple Listing Service (WMLS) to automatically bill the credit card listed below as specified.

- All WAAR & WMLS dues and service fees (With RPAC Fees **OR** WITHOUT RPAC Fees)
- Only WMLS services fees and Lockbox fees **If neither box is checked, your credit card payment for annual dues will include the requested voluntary RPAC contribution.*
- Only WAAR annual dues and education classes
- Other (please specify): _____

Start on ____/____/____ Date End on ____/____/____ Date OR credit card expiration date

One-Time Payment Information: If you wish to authorize a one-time only payment of an invoice, using your credit card, please indicate if it is a WAAR or WMLS invoice and the amount.

WAAR WMLS Sentikey Payment amount: \$_____.

Credit Card Information for either automatic or one-time only:

Card type: MasterCard Visa Discover American Express

Credit Cardholder Name: _____ Card Number: _____

Expires ____/____/____ Note: A new Payment Authorization Form will be needed on or before your credit card expiration date in order for automatic payments to continue.

Cardholder Signature: _____

You will receive an electronic receipt of payment to your business email address on file with our office. Note: All members may access their paid and unpaid invoices by using the member portal of the WAAR website located at www.waarealtor.com. A member Username and Password is required.

Please return the completed form to:
Williamsburg Area Association of REALTORS®/Williamsburg Multiple Listing Service
5000 New Point Rd. Suite 1101
Williamsburg, VA 23188
FAX: 757-253-1559
Email: info@WAAREaltor.com

Updated: 02/14/2020