





Payment Authorization Form

Member Information

Member Name:		Company Name:			
Contact Phone Number:	I	Email Address:			
payments when recurring b and sign the form. All Requ indicated below on the 10t next business day). All char credit card's expiration dat 253-0028. I authorize the V	Information: If you would billings are due (or other fees a ested information is required, h day of the month fees are du ges will appear on your month e or you may cancel this autor Villiamsburg Area Association II the credit card listed below	as indicated below), si <u>Upon approval, we w</u> ue (if the 10 th falls on nly credit card statemen matic billing authoriza of REALTORS [®] (WAAR	mply fully comple <u>ill automatically</u> a weekend, your ent. This authoriz tion at any time b	ete the informa charge your cre credit card will ation will term by contacting th	tion needed below edit card for the items be processed on the inate upon your ne WAAR office, 757-
Only WMLS se	/MLS dues and service fees ervices fees and Lockbox fees nnual dues and education class specify):	will include the	es OR V checked, your credit requested voluntary		,
Start on// Date	' End	l on/ Date	/OR	Credit card	d expiration date
please indicate if it is a WA		mount. ount: \$ r one-time only: Discover	 America	n Express	
	Street Address	City	St	ate	Zip
Expires/automatic payments to contin	_Note: A new Payment Authoriza		d on or before your	credit card expi	ration date in order for
	ic receipt of payment to your d invoices by using the memb required.				
-	mpleted form to: ssociation of REALTORS®/William Suite 1101 Williamsburg, VA 23				

Email: info@WAARealtor.com

Updated: 07/15/2021