



CREDIT CARD AUTHORIZATION FORM

Instructions:

- **Email:** Complete, save, and email the form to info@wsgvar.com.
- **Mail:** Complete, print, mail the form to WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776
- **Fax:** Complete, print, fax the form to WSGVAR at 626-288-7658

I hereby authorize the West San Gabriel Valley Association of REALTORS® to charge my credit card for the following:

This is a **ONE-TIME** credit card payment.

Fees: \$ _____

I wish to begin **AUTOMATIC** credit card payment for:

Quarterly MLS Dues of \$99 (1/1, 4/1, 7/1, 10/1)

I wish to **DISCONTINUE** automatic payment with the below credit card.

Please charge fees to the credit card as indicated below:

CREDIT CARD INFORMATION (PLEASE PRINT)

Name: _____

Member #: _____

Visa Master Card Discover American Express

Expiration Date: _____

Credit Card #: _____

CVV/CVC #: _____

Cardholder Name: _____

Credit Card Billing Address: _____

City: _____ Zip Code: _____

NOTICE:

- WSGVAR must be notified in writing of any cancellation of automatic credit card payments 10 day prior to the next payment due date.
- Automatic Credit Card payments may take up to 5 business day after the due date to post to the bank account, holidays and weekends not included. Funds must be available on the first day of each billing cycle.
- WSGVAR must be notified in writing 10 days prior to the next payment due date of any changes to your credit card, home or billing address.
- In the event a member is terminating membership, the member has sole responsibility to submit written notice to cancel any future charges.
- Automatic credit card payments do NOT generate receipts automatically, if you would like a copy, please contact the association office.

Cardholder Signature: _____

Date: _____

FOR ASSOCIATION OFFICE USE ONLY

Date Received: _____ Member #: _____ Magic: _____ Listing: _____ SUPRA: _____