



MID-STATE ASSOCIATION OF REALTORS®, INC.

"The Association with the Personal Connection"

73 EAST MAIN ST.
PLAINVILLE, CT 06062

DUES PAYMENT PLAN Credit Card Payment Authorization Form

I want to enroll in the Mid-State Association of REALTORS® Dues Payment Plan. I authorize the Mid-State Association to automatically charge my credit/debit card account for \$85 for 2025 REALTOR® Dues. I agree to notify Mid-State of any changes to my credit card number and expiration date. Dues payments are fully refundable if I notify the Mid-State Association in writing by January 12, 2025 that I will not be renewing my membership. Dues Payments will begin in May 2024 and the final payment will be made in November.

Please complete the information below:

I \_\_\_\_\_ authorize Mid-State Association of REALTORS® to charge my credit card listed below. By signing this form you give us permission to debit your account beginning on \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: [ ] Visa [ ] MasterCard [ ] Discover
Cardholder Name \_\_\_\_\_
Account Number \_\_\_\_\_
Expiration Date \_\_\_\_\_
CVV2 (3 digit number on back of Visa/MC, \_\_\_\_\_)

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the standard amount of each. It is my responsibility to notify the Mid-State Association if my credit card information has changed. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I understand that the balance of my 2025 dues, if any, will need to be paid by me when the invoice comes out and will not automatically be charged to this card.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_