

## MLS AUTO PAYMENT CREDIT CARD AUTHORIZATION

Sign and complete this form to authorize the Glendale Association of Realtors® to make debit(s) to your credit card listed below. You will be charged for the total amount due.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Member ID:** \_\_\_\_\_ **Office Name:** \_\_\_\_\_

**I authorize the Glendale Association of REALTORS® (GAOR) to charge my credit card for the item checked below:**

### Quarterly MLS Dues – Auto Payment

- Quarterly MLS Dues: \$160.00  
Credit card will be charged \$160.00 each Quarter as invoices are generated.

*I authorize the Glendale Association of Realtors® to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.*

**TOTAL AMOUNT TO BE CHARGED QUARTERLY: \$** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Credit Card Type:**  Visa  MasterCard  Amex  Discover

**Credit Card Number:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**NOTE:** Credit cards are not kept on file except for MLS auto-pay. A new form will be needed for each charge.

**PLEASE FAX TO: 818-240-3572 or EMAIL TO: GAOR@GAOR.ORG**