

# Authorization and Agreement Form

## Authorization for Electronic Funds Transfer and Acceptance of Member Agreement.

### To complete your membership registration:

Print out this form.

Complete and sign it.

Then fax it to us along with a copy of your voided check and a copy of your current license. Our fax number is (818) 358-8534.

If you are unable to fax them, notify us by email, and send them to:

ProfessionalCharges.com

1530 E. Chevy Chase Dr., Suite 209

Glendale, CA 91206

### Bank Information

Name(s) on Bank Account: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

(The 9 digit number at the bottom of your check.)

We authorize ProfessionalCharges.com to initiate credit entries (deposits) and debit entries (withdrawals from), and to initiate if necessary adjustments for any credit or debit entries in error to my account indicated above and the bank depository named above to debit and/or credit the same to such account.

We certify that all information submitted is and will be true and correct. This authorization is to remain in full force and effect until it is terminated according to the terms of the Membership Agreement we have with ProfessionalCharges.com.

The undersigned certifies that the business meeting or governing board has adopted an approval resolution authorizing us to accept and sign the Member Agreement by placing our signatures on this Authorization and Agreement Form. It is with the express understanding that the governing body or board, and the officers, represented by the undersigned, shall be responsible for the guaranteeing of all obligations set forth in the Member Agreement.

#### President:

#### Administrator/Secretary/Treasurer:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature:

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_

