

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

Please complete this form. This form is giving the Emerald Coast Association of REALTORS® permission to automatically bill your credit card for your assistant's monthly MLS fees. Your total charges will appear on your monthly credit card statement.

Assistant's Name

Phone number

XX Monthly MLS fees at \$5.00

Credit Card Payment Form

PLEASE PRINT:

Card Type Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration date: _____ Security Code on card: _____

Cardholder's name

Name of ECAR member if different from cardholder's name

Credit card billing address City, State, Zip code

Phone number

If you need to change your card information at any time, please contact our accounting dept. directly at 850-243-6145 x 2.

CANCELLATION – Cancellation of automatic payment must be in writing.