

Recurring Payment Authorization Form

Cal Aggie Flyers is pleased to offer you a great service - the Automatic Recurring Payment Plan. Your **\$19 DUES payment plus any unpaid balance over 60 days** will be automatically charged to your credit card, or deducted from your bank. Please be advised that our payment terms are NET 30 days for all open accounts. Cash accounts must maintain a zero or negative balance. All accounts with a balance unpaid beyond our terms will be charged a monthly service fee of 2% of the unpaid balance.

Just complete and sign this form to get started!

The Auto-Recurring Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your dues in a convenient and timely manner – even if you're out of town.
- You can earn credit card reward points on all your payments
- Your payment is always on time – it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- It eliminates late charges assessed on missed monthly dues payments

Here's How Auto-Recurring Payment Plan Works:

You authorize regularly scheduled charges along with any unpaid balances over 60 Days to your checking/savings account or credit card. Then just sit back and relax. You will be charged on schedule each billing period. Proof of payment will appear on your statement.

Please complete the information below:

I _____ authorize Cal Aggie Flyers to charge/debit my account \$19.00 every month and any unpaid balance over 60 days.

Credit Card/ Check Acct. (Last 4 digits) _____ Expiration Date: _____

SIGNATURE _____ DATE _____

I hereby agree to the payment rules set forth by Cal Aggie Flying Farmers. I am aware that all membership cancellations must be received in writing. All membership cancellations will result in the termination of this auto-recurring payment agreement commencing on the first day of the month following the receipt of the written request to terminate membership. I understand that cancellations must be made in writing and I will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract.

*Please Shred Information below after recorded with Merchant.

Checking/ Savings Account

Checking Savings

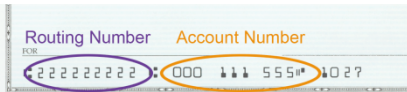
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Billing Address _____

City, State, Zip _____

Phone# _____