



AUTOMATIC RECURRING BILLING AGREEMENT

PLEASE COMPLETE AND RETURN THIS AGREEMENT WITHIN 20 DAYS

TERMS:

- We will charge your credit card monthly for 1/12 of your annual membership dues. If we receive your application later than 20 days, your initial payment will include any dues that are past due.
- Prior to your first payment you will receive a pre-billing notification with the monthly amount to be charged and transaction date.
- If your automatic recurring payment is declined, we will contact you for another means of payment.
- If you would like to replace the credit card currently being charged to a new one, you will need to complete a new Automatic Recurring Billing Agreement.
- You may cancel this Agreement with 30 days advanced written notice. Note that any remaining dues outstanding must be paid at that time.
- One month before your next renewal date we will notify you of any adjustment to your dues amount. You will continue to be billed monthly until we receive a written request to discontinue billing.

PRIVACY POLICY

The South Shore Chamber of Commerce is committed to ensuring that your privacy is protected. We only have access to and collect information that you voluntarily give us via our website, email or other direct contact.

Any financial information you provide is only used for billing dues or event registration. We do not disclose members' financial information.

The South Shore Chamber of Commerce retains the option to rent our membership list with your contact information (e.g., name, company name, company address, phone, fax and URL) to active members who are in good standing within the organization. We do not distribute email addresses.

CREDIT CARD INFORMATION

Please read, complete and sign this agreement. All fields are required.

Name on Credit Card

Company Name

Expiration Date:

Credit Card Number:

CVC2 Code:

CREDIT CARD BILLING ADDRESS

Street Address:

City:

State:

Zip/Postal Code:

Phone:

Email:

AUTHORIZATION

I have read and understand and agree to the terms of this Automatic Billing Agreement.
 I authorize the South Shore Chamber of Commerce to charge my credit card monthly for my membership dues.

Cardholder's Signature

Date

**Fax this agreement with a cover sheet to 617-479-9274 or
 Mail to: Finance Dept. South Shore Chamber of Commerce, 1050 Hingham Street, Rockland, MA 02370**

FOR CHAMBER USE ONLY

ARB AGREEMENT FOR: _____

Profile ID _____

Renewal Month _____

Monthly Charge _____

Initial Payment _____

Billing Reference _____

First Auto Payment _____

Date Received _____

Date Set-up _____

Initials _____

Approved **Approval Code** _____

Declined

NOTES;