

ACH AUTHORIZATION

By signing this form, I, _____, hereby authorize Rotary Club of Lake Arrowhead to charge to my bank account or credit card as indicated below:

\$75 monthly on or after the 1st day of each month as payment for Club Monthly Fees,

7/1/2025: \$41 for RI semi-annual dues and \$30 for Rotary District 5330 semi-annual dues,

1/1/2026: \$41 for RI semi-annual dues, \$30 for Rotary District 5330 semi-annual dues, and \$18 for RI Magazine.

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This authorization will remain in effect until I notify the Treasurer of Rotary Club of Lake Arrowhead in writing to cancel it at least 15 days prior to the next billing date.

BILLING INFORMATION

Billing Address: _____

Phone number: _____ Email address: _____

PAYMENT INFORMATION

Bank account

Account type: [] Checking | [] Savings | [] Credit Card

Name on Account: _____

Bank or Credit Card Name: _____

Account Number: _____ Routing Number (for bank account) _____

Expiry Date (for credit card) _____ CCV # (for credit card) _____

I guarantee and warrant that I am an authorized user of this bank account/credit card and that I am legally authorized to enter into this billing agreement with Rotary Club of Lake Arrowhead. I certify that I will not dispute this scheduled transaction(s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: _____ Date: _____