



Chemung County Chamber of Commerce  
400 East Church Street  
Elmira, NY 14901

## Authorization Agreement for Automatic Debit

### MEMBER INFORMATION

Company Name:

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Street Address:

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City/State:

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Zip Code:

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Telephone Number:

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Fax Number:

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### FINANCIAL INSTITUTION INFORMATION

Financial Institution Name:

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Street Address:

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City/State/Zip Code:

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Nine-Digit Routing Transit Number:

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Account Title:

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Account Number:  Checking  Savings

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I authorize the Chemung County Chamber of Commerce to charge my account, and the financial institution named to debit such account, on the 15<sup>th</sup> business day of each month. I understand that I will be notified if the debit amount needs to be adjusted. I also understand that I can stop automatic payment by notifying my financial institution in writing three days prior to when my account is charged.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR CHAMBER USE ONLY: Monthly Investment Amount:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_