## **Recurring ACH/Credit Card Payment Authorization**

QUINLAN VISUAL ARTS CENTER Medallion Membership

You hereby authorize regular scheduled charges to your credit card or bank account. You will be charged the amount below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. Please complete fully and sign below.

I	auth	orize the QUINLA	n Visual Arts Ce	NTER to charge n	ny credit card or
bank account below beginning on					
Select One: \$84 (Medallion	Circle, \$100	00)	\$209 (Medallion	Partner, \$2500)	
\$417 (Medallio	n Benefacto	or, \$5000)	\$834 (Medallion	Grand Benefactor	, \$10,000)
I understand that a Medallion Membactive as long as monthly payments a	•		nent and that my Me	edallion member b	enefits will be
BILLING DETAILS:					
Billing Address					
Billing AddressStreet Ad	ddress		City	State	Zip
Phone Number	E	Email Address			
CREDIT CARD INFORMATION:					
Cardholder's Name					
Credit Card Number	·	Expiration Da	ite MM/YY/	Security Code	(CCV)
OR					
Bank (ACH) Information: Bank Nam	e				
Account Number		Routing N	umber		
I understand that this authorization writing of any changes in my account billing date. If the above noted paynexecuted on the next business day, electronic transactions, these funds transaction date. In the case of an A Quinlan may at its discretion attemptor each attempt returned NSF, which is acknowledge that the origination of certify that I am an authorized user of with my bank; so long as the transaction of the control of the contr	t information nent date fa For ACH deb may be with CH Transact t to process h will be init f ACH transa of the credit	on or termination of alls on a weekend o bits to my checking, ndrawn from my ac- tion being rejected the charge again we tiated as a separate actions to my account ccard/bank account	this authorization a r holiday, I understa /savings account, I u count as soon as the for Non-Sufficient For vithin 30 days, and I e transaction from the ant must comply with and will not dispute	t least 15 days prind that the paymenderstand that be above noted periunds (NSF) I underagree to an addition authorized recurs the provisions of these scheduled	or to the next ents may be cause these are odic estand the onal \$35 charge erring payment. f U.S. law. I
Signature			Date _		
Print Name					