

I hereby authorize the Southside Virginia Association of REALTORS® (SVAR) to automatically charge the credit card or debit card listed below for payment of annual membership dues. I certify that I am authorized to use this credit card or debit card.

*It is the responsibility of the member to notify SVAR of any account changes. e.g. expiration date change, account closure, hold on funds, etc. A \$35 fee will be assessed for declined payments or NSF charges. Members will not be notified of missed payments due to the above issues. To stop this payment plan, please provide written notification to SVAR 30 days prior to cancellation date. Individuals renewing membership must be current on dues to enroll.*

Member Name: \_\_\_\_\_

Office: \_\_\_\_\_ NRDS/SVAR Member #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## DUES INFORMATION

Annual Membership Dues total \$594.00 + \$15.00 non-refundable processing fee = \$609.00. *(The processing fee will be charged on your first installment, which will be \$69.00.)*

By signing below, I authorize SVAR to withdraw funds from my/our credit card or debit card indicated below and further authorize the financial institution to do the same to such account. This authority is to remain in full force and effect until written notification to terminate authorization has been issued. I understand and agree that my/our card will be charged \$54.00 on the last business day of each month from February 28 to December 31. This charge is subject to change based on any increases in dues by SVAR, VAR or NAR during this period. Please note that all payments are for the following calendar year membership dues.

**RPAC contributions can be made outside of the payment plan by contacting the SVAR office using the info at bottom.**

## PAYMENT INFORMATION

Payment type:  VISA  MasterCard  Discover or  American Express

Last 4 Digits of Account Number: XXXX-XXXX-XXXX-\_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ *(must be greater than 12/21)*

Name on card: \_\_\_\_\_

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

----- *(The portion below will be destroyed after your information is stored in our secure system.)* -----

Credit Card Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Exp:\_\_\_\_/\_\_\_\_ CSV: \_\_\_\_\_

*Return this form to the address below, fax to 804-520-4625, or email to support@SVARealtors.com.*