

 312.803.4900
 @ChicagoREALTORS
 www.ChicagoREALTOR.com/upload

Auto-Pay Credit Card Participation Agreement

I hereby authorize the Chicago Association of REALTORS® to bill my C.A.R. Membership Dues which includes Local, State and National dues and my C.A.R./MLS fees, automatically to my credit card account. I understand that if my card is declined for whatever reason that I will be charged a \$40 NSF fee.

I understand that my credit card will continue to be billed for Membership dues and MLS fees as long as I hold membership with the Chicago Association of REALTORS® unless I cancel this Auto-pay agreement by contacting the member care department at 312-803-4900. I understand that upon cancellation any amounts already charged to my card cannot be reversed.

Refunds will be granted only in accordance with the C.A.R. Refund Policy. Please contact a Member Care Specialist for more information.

C.A.R. ID#: _____ NAME: _____
 OFFICE NAME: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ E-MAIL: _____

CARD TYPE: (CIRCLE ONE) DISCOVER / VISA / MASTERCARD / AMERICAN EXPRESS EXP. DATE: _____

Credit Card #:

I certify that I have read and agree to the above terms.

Signature _____
Date

Please submit completed form to the Member Care Department via secure file upload at <http://www.chicagorealtor.com/upload>

**Amounts are subject to change without notice. Invoices will still be sent to you while your credit card is on file. Receipts may be printed by visiting your personal account information on our website at www.ChicagoREALTOR.com.*