



Credit Card Payment Authorization Agreement

- Set up new Autopay
- Change existing credit card info.

Member Company Name: _____

VISA, MASTERCARD, & AMEX ACCEPTED

I, as the Cardholder/s, hereby authorize The Masonry Institute to charge my annual membership dues to my primary or secondary credit card according to guidelines listed below.

- This credit card transaction will be processed automatically on a quarterly basis.
- The credit card charge will equal the current annual due rate plus a \$25 quarterly billing fee. All credit card transactions will also include a 4% credit card and registration processing fee.
- Payments will be processed on the 1st day of each of the following months (January, April, July & October).
- Secondary credit card will be used in the event that an approval number cannot be obtained for the primary card number.

I, as the cardholder, will be responsible for notifying, in writing, the Credit Department one month in advance if cancellation of this service is requested, or if there are any changes to the below card(s) information.

Primary Card

Expiration Date _____ / _____ mo. yr.
Mastercard Visa Amex Discover <small>(circle one)</small>

Secondary Card

Expiration Date _____ / _____ mo. yr.
Mastercard Visa Amex Discover <small>(circle one)</small>

Cardholder's information on file with credit card company

Name _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____

Cardholder's information on file with credit card company

Name _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____

Cardholder's name as it appears on card PLEASE PRINT

Cardholder's name as it appears on card PLEASE PRINT

Cardholder(s) Signature(s) Required Date

Cardholder(s) Signature(s) Required Date

Please return the completed and signed agreement to:

The Masonry Institute
P.O. Box 707
Falls Church, Virginia 22046
Toll Free (866) 529-7994
Fax: 804-529-5351
Email: jdgreer@verizon.net