



89^{va} CONVENCION SIGMA

Septiembre 29, 30 & Octubre 1, 2017



Capítulo Omega Columbia Borinquén
Orlando, Florida

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started! You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." 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 the information below:

I _____ authorize the Phi Sigma Alpha, Omega Columbia Borinquén Chapter in Orlando, Florida to charge my credit card or checking account indicated below the amount of **\$675.00** in one time charge (full convention for **COUPLE** + two hotel room nights / one charge) **or 4 installments of \$175.00** for the next 4 months for payment of my convention expense. I may also choose other options as named below. Prices are for a couple. Prices 30 days before the convention will increase, book now!
(payment includes all convention activities and two hotel nights, (Friday and Saturday) while they last.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

I belong to Chapter: _____ Initiated on: _____

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	____/____/____ Sec Code: _____
Amount to be charged: \$675.00 One time	<input type="checkbox"/>
Amount to be charged \$175.00 X 4	<input type="checkbox"/>
Other charge as above: \$ _____	<input type="checkbox"/>
Prices will increase 30 days before the convention.	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the fraternity in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the fraternity may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Envía tu autorización al EMAIL para asuntos de la convención: **convencionsigma2017@gmail.com**