



## CREDIT CARD RECURRING PAYMENT AUTHORIZATION FORM

Yes, I would like to take advantage of the security and convenience of automatic/monthly payments for my Greenville Chamber Young Professional membership. As a duly authorized signer on the credit card account identified below, I authorize you to initiate a creditcard charge to my account for payments due as indicated below.

**PLEASE COMPLETE THIS FORM AND RETURN TO [INFO@GREENVILLECHAMBER.ORG](mailto:INFO@GREENVILLECHAMBER.ORG).**

|               |                                      |
|---------------|--------------------------------------|
| ____Recurring | Date of initial transaction: _____ * |
|               | Amount: \$ 116                       |
|               | Frequency: Monthly for 2 months*     |

\*Transaction will post on or after the date indicated.

\*\*This authorization is to remain in full force and effect until the Greenville Chamber has received written notification of its termination. Requests must be received at least 30 days prior to termination. Any such notice should be sent to the following address: FINANCE, Greenville Chamber, 550 S Main St., Suite 550, Greenville, SC 29601.

|           |              |       |
|-----------|--------------|-------|
| Signature | Printed Name | Date  |
| _____     | _____        | _____ |

|                                                                       |              |                       |                                   |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------------------------|
| Full Name                                                             | Company Name | Phone<br>(      )     | Type of card (Visa, MC, Disc, AE) |
| Email Address                                                         |              |                       |                                   |
| Address                                                               |              | City/State/Zip        |                                   |
| Card Number                                                           |              | Expiration Month/Year | 3-digit code on the back          |
| Phone Number <b><u>ASSOCIATED WITH THIS CREDIT CARD:</u></b> (      ) |              |                       |                                   |



Greenville Chamber  
**YOUNG  
PROFESSIONALS**

**ADDITIONAL INFORMATION NEEDED**

**Job Title:** \_\_\_\_\_

**Industry:** \_\_\_\_\_

**Company Size:**

- ☐ 0-10 Employees
- ☐ 10-50 Employees
- ☐ 50-100 Employees
- ☐ More than 100 Employees

**Gender**

- ☐ Male
- ☐ Female
- ☐ Other

**Gender**

- ☐ Asian
- ☐ Black/African
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ Pacific Islander
- ☐ Prefer Not to Answer
- ☐ Other

**Age**

- ☐ 21-24
- ☐ 25-30
- ☐ 31-34
- ☐ 35-39
- ☐ 40-50
- ☐ 50-60
- ☐ 60+

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