El Riad Shrine
510 S. Phillips Ave
Sioux Falls, SD 57104-6825

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided and this authorization will remain in effect until you notify the office in writing to cancel.

Please complete the information below:

I _____ authorize El Riad Shrine to charge my credit card
(full name)

indicated below for payment of my annual dues.

Dues Payment Frequency: ☐ **Annual** ☐ **Quarterly** (15th day of Jan, Apr, Jul and Oct)

(see attached dues statement)	_____.00	☐ Yes	☐ No
Cactus supporter:	20.00	☐ Yes	☐ No
Shrine Augustana football game:	40.00	☐ Yes	☐ No
El Riad Shrine Circus	30.00	☐ Yes	☐ No
Ladies Hospital Auxiliary	5.00	☐ Yes	☐ No

Total authorized payment: _____.00

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ / _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

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ACH Recurring Payment Authorization Form

I _____ authorize El Riad Shrine to initiate electronic debit
(print full name)
entries from the account indicated below for payment of my El Riad Shrine dues.

Please complete the information below:

☐ checking account (or) ☐ savings account

Dues Payment Frequency: ☐ **Annual** ☐ **Quarterly** (15th day of Jan, Apr, Jul and Oct)

(see attached dues statement)	_____.00	☐ Yes	☐ No
Cactus supporter:	20.00	☐ Yes	☐ No
Shrine Augustana football game:	40.00	☐ Yes	☐ No
El Riad Shrine Circus	30.00	☐ Yes	☐ No
Ladies Hospital Auxiliary	5.00	☐ Yes	☐ No

Total authorized payment: _____.00

Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Financial Institution City & State: _____

(attach voided check here)

SIGNATURE _____ DATE _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I authorize the above named business to debit from my account as indicated in this authorization form according to the terms outlined above. 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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized signer on this bank account and that I will not dispute the scheduled payments with my financial institution provided the transactions correspond to the terms indicated in this authorization form.