



Pre-Authorized Payment Agreement

Name: _____ Firm Name: _____

Real Estate License #: _____ Email Address: _____

___ Please ENROLL me in the Automatic Debit Service.

___ Please UPDATE my Selections.

___ Please UPDATE my Payment Information.

___ Please CANCEL my enrollment in this service.

Signature: _____ Date: _____

Please select the items below you are requesting to be included in this service:

___ Enroll me in ALL of the applicable items described below.

___ Quarterly MLS Subscriber Fees and Applicable Tax. (Debited Quarterly: on or about 3/1, 6/1, 9/1, 12/1)

___ Annual Association Dues: Includes NAR, TAR, and Local Dues. (Debited Annually: on or about 12/1)

___ Annual Voluntary TREPAC Investment of \$35. (REALTOR Fair Share) (Debited Annually: on or about 12/1)

___ Annual Voluntary TREPAC Investment of \$110. (BROKER Fair Share) (Debited Annually: on or about 12/1)

___ Miscellaneous Charges. (Retail Purchases, Advertising, Event Tickets)

___ Visa ___ Mastercard ___ American Express ___ Discover

Card Number: _____ Expiration Date: ____ / ____ CSC: _____

Name on Card: _____ Cell Phone #: _____

Card Billing Address: _____

City _____ State: ____ Zipcode: _____

For Office Use Only

Entered By: _____

Date Entered: _____

I hereby authorize Greater Fort Worth Association of REALTORS® to charge the account information listed above on an ongoing basis. I understand that this service is voluntary and will remain valid as long as I am a member of GFWAR, or until I cancel this service with written notice to GFWAR. To prevent service interruption and reinstatement fees, please notify GFWAR with ANY CHANGE in your Card Information. In the event a payment is declined for any reason, you will be responsible for making the payment online. You will still receive invoices while enrolled in this service. All fees & charges are non-refundable. ALL CHANGES MUST BE SUBMITTED IN WRITING USING THIS FORM. Please allow 30 days from the date received by GFWAR for the Automatic Debit Service to take effect.

Signature: _____ Date: _____

Please return this form to krystal@gfwar.org.