

# Recurring Payment Authorization for Membership Fees

Date: [Insert Date]

To: [Membership Organization Name]

Address: [Organization Address]

Dear [Membership Organization Name],

I hereby authorize [Membership Organization Name] to charge my credit card or bank account for the recurring membership fees as stated in our agreement.

## Member Details:

Name: [Your Full Name]

Email: [Your Email Address]

Membership ID: [Your Membership ID]

## Payment Details:

Payment Method: [Credit Card/Bank Transfer]

Cardholder Name: [Cardholder Name]

Card Number: [Last 4 Digits of Card]

Expiration Date: [MM/YY]

Billing Address: [Your Billing Address]

I understand that this authorization will remain in effect until I cancel it in writing. I have the right to receive notice of any payment that is not made. I agree to notify [Membership Organization Name] of any changes to my account information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Phone Number]