

Looking for a fast, convenient way to make your Chamber investment?

Pay your membership on a monthly basis through our
Automatic Withdrawals Program!

AUTHORIZATION OF AUTOMATIC PAYMENT ACH AGREEMENT

I authorize the Brandon Valley Area Chamber of Commerce (BVACC) to initiate entries to my checking/savings account. This authority will remain in effect until I notify the BVACC in writing to cancel it, and the BVACC has confirmed to me that it has been terminated. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. The BVACC reserves the right to cancel my use of the Automatic Payment Plan.

Your Company Name: _____

Your Financial Institution: _____

Signature: (if account is in two names, both must sign)

Print Name

Print Name

Date: _____

Monthly Withdrawal Date will be the 1st of each month.

For checking account: Please attach voided check

For savings account: Please attach a deposit slip

Mail this form to: BVACC, PO Box 182, Brandon, SD 57005