



# Automatic Payment Authorization

I, \_\_\_\_\_, hereby authorize the Capital Area REALTORS®, to retain on file my credit card number or checking account number and charge that account for the following expenses **(check all boxes below that apply):**

- Quarterly MLS/CREN Fees**  **All Miscellaneous Invoices**  
 **Annual Dues\*** ( **\*Do not include RPAC**)  **Company Charges**

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**Select and complete authorized method of payment:**

- Credit Card** - Visa, Mastercard, or Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ 3 or 4 Digit Security Code \_\_\_\_\_

- Automatic Checking Account Withdrawal\***

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\* Please attach a copy of a void or cancelled check to your authorization.

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Agent ID: \_\_\_\_\_ Name: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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