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PRE-AUTHORIZED CREDIT CARD PAYMENT FORM

Please complete the Pre-Authorized Credit Card Payment agreement below and return to WECAR

I acknowledge and agree that the submission of this form constitutes my consent to the collection, use and disclosure by the Windsor-Essex County Association of REALTORS® (WECAR) of the information submitted in this form and any other personal information about me collected by WECAR during the course of my Membership.

Member Information *(Please print.)*

Name: _____ Office #: _____

WECAR Member ID#: _____ E-mail: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Business Tel: _____ Residential Tel: _____

CREDIT CARD INFORMATION *(Please print.)*

Visa _____ Master Card _____

Card Number _____ CV# Last 3 digits located on back of card _____

Expiry Date: _____ Name on Card _____

I/We authorize WECAR to charge the above account for all regular payments payable to WECAR. This authorization may be cancelled at any time.

I will notify WECAR in writing of any changes to the credit card information.

Authorized Signature(s): _____ Date: _____