



OPTION 1 | ACH DEBIT AUTHORIZATION

- **One (1) Time Charge** – Sign and complete this form to authorize the Palau Chamber of Commerce to make a one-time charge to your bank account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits to your account.

I, _____, authorize Palau Chamber of Commerce to charge my bank account indicated below for \$ _____ on _____.

This payment is for annual membership dues.


Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank (ACH)

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Routing Number	_____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Palau Chamber of Commerce in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Palau Chamber of Commerce may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank OR company; so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____

COMPANY LEGAL NAME _____



OPTION 2 | ACH PAYMENT AUTHORIZATION

- **One (1) ACH Payment** – Sign and complete this form to authorize the Palau Chamber of Commerce to receive a payment from your company through your business electronic banking system. **Must check with your financial institution if you have ACH payment or BillPay feature available.*

By signing this form, you acknowledge that the payment for membership dues will be initiated on your company's end in the amount indicated on or after the indicated date of this agreement. This is to acknowledge that your company will initiate a single payment via ACH or BillPay to Palau Chamber of Commerce's checking account.

This payment is for annual membership dues with the receiving bank details below:

- Palau Chamber of Commerce
- Checking Account: 0110010655
- Routing Number: 121405115

I, _____, acknowledge that our company will initiate and pay via our electronic banking system our membership dues to Palau Chamber of Commerce to checking account with Bank of Guam for \$ _____ on _____.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____

COMPANY LEGAL NAME _____

OPTION 3 | IN-BRANCH DEPOSIT

- **One (1) Checking Deposit**– Sign and complete this form if you are going to be depositing to the Palau Chamber of Commerce's account directly with Bank of Guam.

By signing this form, you acknowledge that the payment for membership dues will be deposited by a representative of your company with the specific amount indicated on the deposit ticket and the name of your company on the bottom left side.

This payment is for annual membership dues with the receiving bank details below:

- Palau Chamber of Commerce
- Checking Account: 0110010655

I, _____, acknowledge that our company will credit the company's membership dues directly in-branch to the Palau Chamber of Commerce's checking account with Bank of Guam indicated above for the amount \$ _____ on _____.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____

COMPANY LEGAL NAME _____