



### PAYMENT AUTHORIZATION FORM

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 appropriate box below):

- One Time**     **Quarterly MLS/CREN Fees**     **Annual Dues**     **Company Fees**

*(Check authorized method of payment)*

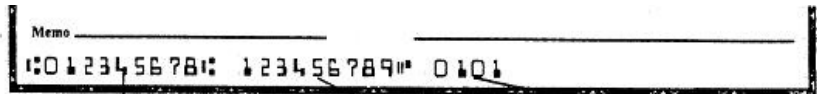
**Credit Card** - Visa, Mastercard or Discover

Card #: \_\_\_\_\_ (Expiration Date: \_\_\_\_\_)

**Automatic Checking Account Withdrawal\***

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

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



Routing/Transit #  
(A 9-digit number always between these two marks)

Checking Account #

Check #  
(this number matches the number in the upper right corner of the check— not needed for sign-up)

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

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

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

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

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

### Capital Area REALTORS®

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