

## Credit Card / Recurring Payment Authorization Form

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided if you have a stored payment profile on file with your current credit card information and your written authorization below.

**We will only auto pay fees you pay to GTAR for services:  
MLS Quarterly Fees and Supra Key Annual Fees.**

➤ **Annual Dues billings for National, State and Local have an optional TREPAC amount and will not be set up for recurring payments. You will need to log on to the web portal to make payment or call the association to use the stored payment profile or pay with a separate credit card.**

**Please complete the information below:**

I \_\_\_\_\_ authorize the Greater Tyler Association of REALTORS® to charge my credit card noted below the:

- one-time payment for initial application or
- one-time payment plus recurring payment due on the 1<sup>st</sup> business day of the following:
  - Quarterly MLS Data Access service fee
  - Quarterly CIE Data Access service fee
  - Annual Supra Key service fee

**NOTE:** You are responsible for keeping your stored payment profile updated. The association is not responsible for late and other fees applied due to credit card failures or declines. If you no longer wish to authorize recurring payments, please email [membership@gtar.com](mailto:membership@gtar.com) or [accounting@gtar.com](mailto:accounting@gtar.com).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of billing indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

STAFF USE ONLY: RAMCO Automatic Payment Authorization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____
RAMCO Stored Payment Profile	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____
Copy to Member file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____
Copy to Server	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____

----- STAFF DETACH AND SHRED -----

Credit Card Type:  Visa     MasterCard     Amex     Discover

Cardholder Name \_\_\_\_\_

Credit Card Number **We will call you for your card number.**

Expiration Date \_\_\_\_\_ CVV (3 digits on back - Visa/MC/Disc, 4 digits on front of AMEX) \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_