



Kirksville Area Chamber of Commerce
 304 S. Franklin, Ste 100
 P.O. Box 251
 Kirksville, MO 63501

Phone 660.665.3766 Fax 660.665.3767
<https://www.Kirksvillechamber.com>

Authorization for Direct Payment via ACH (ACH Debit) Please mail or deliver form to address above along with your first payment.

Check all that apply: **Begin Payment** **Change Information**
 Cancel Direct Payment via ACH (30-day notice required)
I have provided information for my bank account below. **Business Acct** **Personal Acct**

I (we) authorize **Kirksville Area Chamber of Commerce** hereinafter called COMPANY, to electronically debit my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I (we) understand that if necessary, the COMPANY may electronically credit my (our) account to correct erroneous debits. If funds in the account are not sufficient to allow the withdrawal on the usual draw date, a \$10 fee will result.

Business Name on Account or Name of Account Holder (as it appears on the check)	
Address:	City, State, Zip:
Contact Name & Phone Number:	Email Address:

Authorized Account: Checking Savings

Financial Institution Name:	Branch:
Routing Number:	Account Number:

Authorization Amount Information: Initial payment must be made by check or in cash.
Payment will be 1/12th of the annual fee. See investment schedule on page 2 of this document. Please verify your category and amount with Chamber staff prior to writing a check.

Amount of Initial and Monthly Payment \$ _____ *Verified by* _____ *Date* _____
 Chamber Staff Member

<input checked="" type="checkbox"/> Recurring Monthly Payment <input checked="" type="checkbox"/> Initiate the payment every month First Payment will be made by cash or Check.	<input checked="" type="checkbox"/> Calendar Days – Payment will be drawn on the 20th day of each month. Your account will be debited on the 20th of _____ 20__.
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I (we) understand that COMPANY requires at least 30 days prior notice in order to cancel this authorization.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY that I (we) wish to revoke this authorization by delivering an updated Authorization for Direct Payment via ACH form to the Kirksville Area Chamber of Commerce by mail, email or in person.

Print Individual Name

Signature

Date

Investment Schedule

General Membership

Based on number of employees (2 part-time = 1 full-time)

1-10	\$210
11-20	\$290
21-30	\$355
31-40	\$420
41-50	\$483
51 & up	\$552 + \$2.50 per employee over 50

Additional Businesses

Add additional businesses under same ownership, 50% of membership fee for each additional business.

Elected Officials General membership rate based on number of employees or representatives.

Business Owner Business with no other employees, \$185 per year.

Individual Licensed Realtor listing \$105 per year for individual listing of each licensed realtor in a Chamber member real estate office.

Individual

\$160 for any **Individual Person** not representing a business

Not for Profit

\$160 for any **Charitable Organization**

Hotels/Motels

\$285 plus \$4 per room

Retirees

\$60 per **individual or couple**
(No business affiliation)

Utilities

\$1,575 per year

Financial

\$14.20 per million in assets
(\$200 minimum)

Dues may be increased up to 3% yearly at the discretion of the Board to address budget shortfalls. Those increases would become effective in January of the budget year.