



Hospitality MINNESOTA

THE LODGING, RESTAURANT, RESORT AND
CAMPGROUND ASSOCIATION

Membership Dues Monthly ACH Payment Authorization Form

Business Name:		
Address:		
City:	State:	Zip:
Print Name of Authorized Account Signer:		
E-Mail:		
Phone:	Cell:	

Monthly Recurring Payments Election

Annual Membership Dues Amount \$ _____ Start Date _____
(month / year)

Membership dues payments will be debited via ACH on or around the 10th of each month a payment is due, in 12 equal monthly amounts.

Member's Bank Information

Bank Name	Phone:	
Address:		
City:	State:	Zip:
Routing Number:	Account Number:	

I authorize my bank to debit my account in accordance with the terms stated within this agreement. This authorization shall remain in effect until I provide to Hospitality Minnesota 30-day written notification of my intent to terminate my membership at the end of my annual membership term. Previously collected funds will be refunded only in the case of calculation error by Hospitality Minnesota. Prior to annual Membership renewal, Hospitality Minnesota will notify of any change in my membership dues and payment amount via transmission of the new annual Member Dues invoice, in advance of the first monthly payment. I understand I am liable to pay an NSF fee of \$30.00 should any payments be declined for non-sufficient funds, and such fees may be automatically debited from my account.

This payment authorization continues year to year and extends to all future annual renewal periods until modified or cancelled by me in writing with 30 day advance notice at the end of the annual Membership period.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment instruction. I indemnify and hold Hospitality Minnesota harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer's
Signature: _____ Date: _____