



Pre-Authorized Billing Form

This form provides NewMakelt (York Region Makers) with authorization to automatically bill membership fees. Fees will be billed at regular intervals (monthly/annually) on the date listed on this form.

| Applicant Information | | | |
|---|--|--------------|--|
| Membership type: | <input type="checkbox"/> Makerspace <input type="checkbox"/> Coworking <input type="checkbox"/> Makerspace + Coworking | | |
| Name: | | Date: | |
| Home phone: | | Cell Phone: | |
| Address: | | | |
| City: | Province: | Postal Code: | |
| E-Mail address: | | | |
| Credit Card Information | | | |
| Card Number | | | |
| Card Type | <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX | Expiry Date | |
| Name on Card | | CVV | |
| Billing Information | | | |
| Billing Frequency | <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> 12 month <input type="checkbox"/> Annual | PMT Start | |
| Payment Amount | | PMT End | |
| Total # Payments | | | |
| Authorized Signature | | | |
| <p>By signing this form I grant authorization for automated monthly billing of the amounts and duration stated above. I understand that contract membership discounts apply only for memberships that remain in good standing for the entire membership period. I retain the right to cancel membership at any time by providing 30 days written notice. In the event that I have not met my contract obligation, I will be responsible for repaying any discounts applied to contract membership. I understand that a declined transaction will be subject to a service charge of \$25.00 and will be subject to suspension of membership until any arrears payments are made in full.</p> | | | |
| Name (Print) | | | |
| Signature | | Date: | |