

### ACH AUTHORIZATION

By signing this form, I, \_\_\_\_\_, hereby authorize Rotary Club of Lake Arrowhead to charge to my bank account or credit card as indicated below:

**Club Monthly Fees:** \$75 on or after the 1st day of each month,

**RI semi-annual RI dues:** 1/1/2026: \$41; 7/1/2026: \$44.25

District 5330 semi-annual dues: 1/1/2026: \$30; 7/1/2026 \$30

**RI Magazine semi-annual subscription:** 1/1/2026: \$9; 7/1/2026 \$9

**Rotary Club & District Liability, D&O, and General Liability Insurance Program:** 7/1/2026: \$12.86

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This authorization will remain in effect until I notify the Treasurer of Rotary Club of Lake Arrowhead in writing to cancel it at least 15 days prior to the next billing date.

### BILLING INFORMATION

Billing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### PAYMENT INFORMATION

#### Bank account

Account type: [ ☐ ] Checking [ ☐ ] Savings [ ☐ ] Credit Card

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

Bank or Credit Card Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number (for bank account) \_\_\_\_\_

Expiry Date (for credit card) \_\_\_\_\_ CCV # (for credit card) \_\_\_\_\_

I guarantee and warrant that I am an authorized user of this bank account/credit card and that I am legally authorized to enter into this billing agreement with Rotary Club of Lake Arrowhead. I certify that I will not dispute this scheduled transaction(s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Club Treasurer Rudy Haro at harorudy@hotmail.com or PO Box 686, Lake Arrowhead CA 92352