Grand Lodge of Pennsylvania Payment Plan Authorization Form

First Name **Middle Name** **Last Name**

Address City St ZIP (_____) Phone

Lodge Name

This Payment Plan Form is for:
(Check only one box, if you select Lodge then check either Dues, Lodge Charities or Activities. Use a separate form for each payment plan.)

☐ **Grand Lodge Charities:** **If Specific, which one** _____

☐ **Lodge:** (Check this box and then one of the boxes below)

☐ **Dues** ☐ **Lodges Charities** ☐ **Activities**

If Charity or Activity Please Specify: _____

If Paying For (if bank acct. or Credit Card holder is not the member):

PAYMENT PLAN OPTIONS

Total Amount to be paid for Dues or Charitable Contributions $_____ **Number of Equal Payments:** _____

RECURRING Monthly Payment $_____ **Payment Day** (1st thru 28th): _____ (Dues may be paid in from 1 to 6 payments)

Recurring Payment Start Date: _____/_____/_____ (Start date must be at least 3 business days after form is received)

Recurring Payment End Date: _____/_____/_____ **You may select any number of monthly payments for Charitable Contributions**

ONE-TIME Payment Amount $ _____ **Payment Date:** _____/____/_____ (If paying all at one time or if payment does not divide equally into the number of payments below)

Please complete either the Credit Card or Bank Information Section Below (Not Both)

MEMBER'S CREDIT CARD INFORMATION

Name On Credit Card:_____

Credit Card Number: _____

City_____ State _____ Zip_____

CVV/ CVV2 (3 or 4 Digit Number on Back Right Side of the Credit Card: _____

Credit Card Type: Visa MasterCard Discover American Express (Please circle one.)

MEMBER'S BANK INFORMATION

Name on Bank Account _____ Name of Bank:_____

Address of Bank _____

City_____ State _____ ___ Zip_____

Routing Number (9 digits): _____ ___ Account Number: _____

Bank Account Type: Checking OR Savings (Please circle one.)

PAYMENT AUTHORIZATION

I hereby authorize you to debit my account as identified above. This authorization shall remain in effect until the terms stated have been met or until my Lodge or Grand Lodge has received written notification from me of intent to terminate at such time and in such manner as to afford my Lodge or Grand Lodge and bank reasonable opportunity to act (minimum of 30 days).

I understand that if the total amount owed to my Lodge or Grand Lodge is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed my Lodge or Grand Lodge is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form.

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to my Lodge or Grand Lodge 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by my Lodge or Grand Lodge due to uncollectible funds. I will be liable to pay a fee for each returned check.

I understand that if my electronic debit is returned to you for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state -allowed fee of $40.00.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold my Lodge or Grand Lodge, the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

_____
Member's Signature Date

_____
Authorized signature(s) on bank account (if required) Date

A copy of a voided check from the your Bank account must be stapled to this Authorization form if you are going to pay using your checking account. Nothing else is required if you are paying by Credit Card.