

Grand Lodge of Pennsylvania Payment Plan Authorization Form

1 First Name 2 Middle Name 3 Last Name
4 Address 5 City 6 St 7 ZIP 8 Phone
9 Lodge Name

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

10 Grand Lodge Charities: If Specific, which one _____
 Lodge: (Check this box and then one of the boxes below)
 Dues Lodge Charities Activities
If Charity or Activity Please Specify: _____

If Paying For (if bank acct. or Credit Card holder is not the member): 11

PAYMENT PLAN OPTIONS

Total Amount to be paid for Dues or Charitable Contributions \$ 12 Number of Equal Payments: 13
RECURRING Monthly Payment \$ 14 Payment Day (1st thru 28th): 15 (Dues may be paid in from 1 to 6 payments)
Recurring Payment Start Date: 16 / / (Start date must be at least 3 business days after form is received)
Recurring Payment End Date: 17 / / You may select any number of monthly payments for Charitable Contributions
ONE-TIME Payment Amount \$ 18 Payment Date: 19 / / (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

20 Name On Credit Card: _____
21 Credit Card Number: _____
22 City _____ 23 State _____ 24 Zip _____
25 CVV/ CVV2 (3 or 4 Digit Number on Back Right Side of the Credit Card): _____
26 Credit Card Type: Visa MasterCard Discover American Express (Please circle one.)

MEMBER'S BANK INFORMATION

27 Name on Bank Account _____ 28 Name of Bank: _____
29 Address of Bank _____
30 City _____ 31 State _____ 32 Zip _____
33 Routing Number (9 digits): _____ 34 Account Number: _____
36 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.

37 Member's Signature _____ 38 Date _____
39 _____ 40 _____
Authorized signature(s) on bank account (if required) _____ Date _____

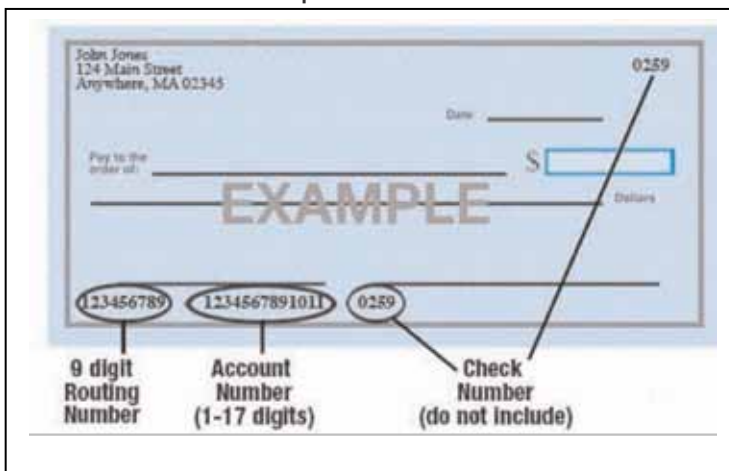
A copy of a voided check from the your Bank account must be stapled to this Authorization form if you are going to pay using your checking account. Nothing else is required if you are paying by Credit Card.

How to complete your Payment Plan Authorization Form:

All members wishing to participate in a payment plan must complete this form in full as outlined below. The numbers below correspond to the numbers on the sample form found on page 1 of this document.

1. Member's first name.
2. Member's middle name.
3. Member's last name.
4. Member's mailing address.
5. Member's mailing address — city.
6. Member's mailing address — state.
7. Member's mailing address — zip.
8. Member's phone number.
9. Member's Lodge name.
10. In this section please signify what the payment is for. Check either Grand Lodge Charities or Lodge. If you check Lodge then choose Dues, Charity, or Activity. If you wish your payment to go for a specific Lodge Charity or Activity please place this information in the line provided
11. Enter the name of the individual this payment is being made for if the member is NOT the account holder. i.e., A son is paying for his father or vice versa.
12. Enter total dollar amount to be paid.
13. Enter the number of payments to be debited from account.
14. Enter the amount of each payment.
15. Enter the day of the month you wish to have the account debited. Please enter a number 1 through 28.
16. Enter the date which the payments should begin.
17. Enter the date which the payments should end.
18. If you have opted for a one-time payment, Please enter the total dollar amount of the payment. OR If you have chosen a payment plan and the total dollar amount did not divide evenly into the number of payments described enter the last payment amount here.
19. Enter the date of the one-time OR final installment here, if applicable.
20. Member's name on the front of the credit card.
21. Member's Credit Card number
22. Member's mail address - City
23. Member's mail address - State
24. Member's mail address - Zip
25. Credit Card CVV or CVV2 (See Example Credit Card below.)
26. Please specify the type of Credit Card being used, Visa, MasterCard, American Express or Discover.
27. Enter the name of the member's bank.
28. Member's current bank's mailing address.
29. Member's current bank's mailing address — City.
30. Member's current bank's mailing address — State.
31. Member's current bank's mailing address — Zip.
32. Bank account routing number must be 9 digits. (See sample check below.)
33. Bank account number (See sample check below.)
34. Please specify whether this account is a checking or savings account.
35. Member's signature.
36. Date of signature.
37. Authorized signature on bank account if necessary.
38. Date of signature.

Sample Check



Back of Credit Card

