



Membership Application

...where people and payments connect

Organization Name: _____

Primary Contact: _____
(Prefix (Mr., Mrs., Ms., Dr.) First and Last Name)

Title: _____ Email: _____

Telephone: _____ Fax: _____

Address: _____

City, State, Zip: _____

Website: _____

Type of Organization:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bank | <input type="checkbox"/> Credit Union | <input type="checkbox"/> Third Party Processor |
| <input type="checkbox"/> Processor/Network | <input type="checkbox"/> Hardware Vendor | <input type="checkbox"/> Software Vendor |
| <input type="checkbox"/> Corporation/Business | <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Association/Government | <input type="checkbox"/> Other: _____ |

Please Check Each Circle You Wish To Join:

- ACH Circle Check Electronification Circle Evolving Payments Circle

Circle Fees: One Full Year ONE Circle: \$1,595 TWO Circles: \$2,590 THREE Circles: \$3,185

After your application is processed, you will receive an e-mail confirmation. Payments Information Circle reserves the right to grant or refuse, at its sole discretion, membership to any applicant. If application is not accepted, your account will not be charged / check will be returned.

Payment: Check or completed debit authorization (below) must accompany application.

I authorize Payments Information Circle to initiate electronic debit entries to my: _____ checking account (or) _____ general ledger account for payment of my Circle annual fee(s) in the amount of \$_____.
Your account will be debited the first banking day of the year for the calendar year for annual Circle fees. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled in writing.

Organization: _____ Date: _____

Contact Name: _____ Phone: _____

Financial Institution Name (Please Print): _____

Financial Institution City and State: _____

Financial Institution Routing and Transit Number: _____

Account Number at Financial Institution: _____

Signature: _____

Permission to Fax: In order to comply with Federal Communication Commission (FCC) regulations, Payments Information Circle needs your consent to send promotional communications for educational programming and other material via fax. Please check the box below if you would like to be kept informed about educational opportunities.

- Yes, I would like Payments Information Circle to send me faxes promoting educational opportunities and other material. I further agree that this consent has no expiration until otherwise notified by me.

Signature and Date: _____