

NFCAR Advance Dues Club Agreement & Credit Card Installment Agreement*

Please provide all information as requested

The Rules of the ADC are incorporated into and made a part hereof.

- ❖ You must be a current member in good standing to join "The ADC."
- ❖ You will be billed the current REALTOR dues at the time you open your account.
- ❖ Your future dues total will be posted to your account when announced by NAR, CTR, and NFCAR
- ❖ All money received by the Association will be deposited to the credit of the Board when due and payable; any interest earned will be credited to NFCAR.
- ❖ Any payment made more than any future dues amount may be credited to, future dues billing or refunded at the member's request.
- ❖ Accounts may not exceed more than twice the projected future dues billing.
- ❖ You may close or withdraw from your account at any time; a \$20.00 service fee will be charged.
- ❖ Payments must be made by credit card.

I understand and agree to the Rules of the ADC and acknowledge that sums paid by me are a deposit to my account which is not held in trust by NFCAR; but may be repaid to me or withdrawn by me, without interest, prior to any application of them to NFCAR dues when due and payable.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____
required

I, the undersigned, authorize an automatic monthly payment from the credit/debit card provided below to make payments to my REALTOR® Advance Dues Club Account. I certify that this will be an ongoing monthly charge from this day forward **until I notify the board in writing.**

This authorization covers the schedule of payments as indicated below:

Monthly Installments of (choose one) \$25.00 ___; \$50.00 ___; \$75.00 ___; \$100.00 ___; Other \$ ___

_____/_____/_____ ADC Join Date **Any balance due for the current year will be payable January 1st**

Note: Payments occur on the 15th of each month (or the next business day if the 15th falls on a weekend or holiday).

American Express Discover Card MasterCard Visa

Credit Card #: _____ Exp. Date: _____

Cardholder Signature: _____ Date: _____

Please provide us with an email address if you would like a receipt of your payment

Email Address: _____

**This agreement is subject to all NFCAR Dues Club Agreement Rules*