

8600 Mayland Drive
Richmond, VA 23294
(804)747-9300

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period.

☐ Checking
 ☐ Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



*Please attach a copy of a voided check.

| | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| Cardholder Name _____ | |
| Account Number _____ | |
| Exp. Date _____ | |
| CVV* _____ | |

*For most cards the CVV is a 3 digit number located on the back of the card near the signature panel. On American Express cards it is a 4 digit number located on the front of the card.

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Independent Insurance Agents of Virginia in writing of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The Independent Insurance Agents of Virginia may at its discretion attempt to process the charge again within thirty (30) days, and I agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I further understand that due to an increase in the size of my organization or a vote by the Board of Directors of The Independent Insurance Agents of Virginia the cost of my membership may increase and that any such increase will take effect in the month of July. I understand that The Independent Insurance Agents of Virginia will notify me in writing about any increase in my monthly payment at least forty five (45) days in advance and that I will be deemed to consent to any such increase unless I contact The Independent Insurance Agents of Virginia and terminate this agreement.

Independent Insurance Agents of Virginia

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2016-17 Monthly Dues

| No. of Licensed Employees | Monthly ACH/CC Charge |
|---------------------------|-----------------------|
| 1 | \$41.58 |
| 2 | \$45.75 |
| 3 | \$83.42 |
| 4 | \$102.92 |
| 5 | \$120.08 |
| 6 | \$137.42 |
| 7 | \$154.58 |
| 8 | \$171.75 |
| 9 | \$188.67 |
| 10 | \$205.75 |
| 11 | \$228.92 |
| 12 | \$247.67 |
| 13 | \$263.08 |
| 14 | \$280.33 |
| 15 | \$297.42 |
| 16 | \$314.75 |
| 17 | \$338.08 |
| 18 | \$355.42 |
| 19 | \$373.08 |
| 20 | \$390.83 |
| 21 | \$408.00 |
| 22 | \$425.83 |
| 23 | \$444.33 |
| 24 | \$461.50 |
| 25 | \$478.67 |
| 26 | \$495.83 |
| 27 | \$513.00 |
| 28 | \$530.17 |
| 29 | \$547.33 |
| 30 | \$564.50 |