



New York Library Association

Credit Card Authorization Form for Automatic Membership Renewal

Member Name:

Address:

City:

State:

Zip:

Phone:

Email:

By submitting this agreement, I am authorizing the New York Library Association (NYLA) to bill my credit card for my yearly dues. I understand that my credit card will be billed shortly before my membership is set to renew. NYLA membership has a 12 month term. I understand that I may contact the NYLA office at any time to verify my membership dates.

I understand that I may cancel the automatic membership renewal at any time, so long as my request is received by NYLA no later than one month prior to when my membership is set to renew. All automatic membership renewal cancellation requests must be submitted in writing and mailed, faxed or emailed to NYLA at 252 Hudson Avenue, Albany, NY 12210. No phone requests to cancel the automatic membership renewal will be accepted.

By signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize the New York Library Association to charge my credit card for my yearly membership dues. NYLA will in turn provide me with a receipt detailing the charges. It is my responsibility to notify NYLA of any change in my demographic information that would prevent me from receiving material from NYLA. I further agree that in the event my credit card becomes invalid, I will provide NYLA with a new valid credit card, to be charged for payment of any outstanding balances owed to NYLA.

Signature

Date

Credit Card Billing Information

| | | |
|-------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover |
| Credit Card Number: | | |
| Expiration Date: | CVV Code: | |
| Name on Credit Card: | | |
| Authorized Signature: | | |

NYLA Staff Use Only:

| | | | |
|-----------|----------------|----------------|----------------------------------|
| Initials: | Membership No: | Renewal Month: | MM Key: <input type="checkbox"/> |
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