



# AUTO DEBIT AUTHORIZATION FORM

Please call (619) 421-7811 | (619) 579-0333 | (858) 286-6080 for assistance.

## MEMBER INFORMATION

Full Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Required for receipt/notifications)

(Required for payment verification)

## SERVICE SELECTION

By checking any of the boxes below, you authorize the Pacific Southwest Association of REALTORS® to deduct payments for the following services from your credit card:

<input type="checkbox"/> <b>SentriLock:</b> Key fee	\$129	Annual	Last Business Day of the Year December 30
<input type="checkbox"/> <b>CRMLS Paragon:</b> Participation fee	\$177.84	Quarterly	Last Business Day of the Quarter March 31, June 30, September 30, December 30
<input type="checkbox"/> <b>CRMLS Matrix:</b> Additional MLS Access	\$25	Monthly	Last Business Day of the Month This option is in addition to CRMLS Paragon
<input type="checkbox"/> <b>CRMLS Paragon:</b> Assistant fee	\$39	Quarterly	Last Business Day of the Quarter March 31, June 30, September 30, December 30


## PAYMENT METHOD & SECURITY

To maintain PCI compliance and protect your financial data, please choose one method for providing your card details for entry into our accounting system:

Call PSAR to provide details: I will call (619) 421-7811 after submitting this form to provide my card information over the phone.

Use card already on file: Use the card ending in \_\_\_\_\_ (last 4 digits) currently stored in my member profile.

In-Person: I will provide my credit card details at a PSAR Service Center location.

 **SECURITY NOTICE:** For your protection, DO NOT write your full credit card number or CVV on this form if you are returning it via email.

## AUTHORIZATION TERMS

- Duration: This agreement will remain in force until a written cancellation request is received.
- Timing: Auto-debits will initiate on the last day of the month following receipt of this authorization.
- Fee Changes: The dues and fees charged by PSAR are subject to change. I authorize PSAR to adjust the debit amount to reflect Board-approved fee changes.
- Delinquency: If the credit card will not except chages by billing due dates, membership will be suspended, and a reinstatement fee will be applied.

Authorized by \_\_\_\_\_

Date \_\_\_\_\_

Please return this form via email to [support@psar.org](mailto:support@psar.org) or drop off at any PSAR Service Center location.