



AUTOMATIC PAYMENTS AUTHORIZATION

- Until further notice, I hereby authorize the Chestnut Hill Development Group, Inc. (d/b/a Chestnut Hill Business Association) to withdraw \$_____ from the following account on the 1st day of every month:

- Checking
- Savings account

Depository Name _____

Transit/Routing # _____

Account # _____

- Until further notice, I hereby authorize the Chestnut Hill Development Group, Inc. (d/b/a Chestnut Hill Business Association) to bill \$_____ to the following credit/debit card on the 1st day of every month:

Card #: _____

Exp. Date: _____ Security Code: _____ Billing Zip Code: _____

Cardholder Name: _____

I authorize the Chestnut Hill Development Group, Inc. (d/b/a Chestnut Hill Business Association) to initiate debit entries indicated above and the depository named above to debit the same to such account. This authority is to remain in effect until the company has received written notification from me of its termination no less than 30 days prior to the date on which debits are requested to stop. I further certify that I am the accountholder/cardholder named above, and/or that I have the authority to approve these charges.

Name _____ Signature _____

Address _____ Date _____

Return to the attention of Peggy Miller, Dir. of Finance, by mail (CHBA, 8514 Germantown Avenue, Philadelphia, PA 19118), fax (215-247-5680), or email (pmiller@chestnuthillpa.com).