

# Debit/Credit Card Charge Authorization Form

To: Wilmington Regional Association of REALTORS, ® Inc., and/or its Multiple Listing Service Corporation and/or its CIID Division.

I, \_\_\_\_\_ hereby authorize the Wilmington Regional Association of REALTORS,® I, hereby authorize the Wilmington Regional Association of REALTORS,® Inc. and its Multiple Listing Service Corporation to charge my credit card account as designated below on or about the 10th of each month beginning Select Month January February March April May June July August September October November December Select Year 2006 2007 2008 2009 2010 and extending until I notify you otherwise or until Select Month January February March April May June July August September October November December Select Year 2006 2007 2008 2009 2010 2011 2012

I acknowledge my responsibility to notify the Wilmington Regional Association of REALTORS,® Inc. and its Multiple Listing Service Corporation in writing of any change or cancellation of this service.

I hereby waive my right to sign an individual sales slip for each charge to my credit card.

Full Name, as it appears on credit card

VISA MasterCard # Expiration Date:

Date: Inc. and its Multiple Listing Service Corporation to charge my credit card account as designated below on or about the 10th of each month beginning \_\_\_\_\_, 20\_\_ and extending until I notify you otherwise or until \_\_\_\_\_, 20\_\_.

I acknowledge my responsibility to notify the Wilmington Regional Association of REALTORS,® Inc. and its Multiple Listing Service Corporation in writing of any change or cancellation of this service.

I hereby waive my right to sign an individual sales slip for each charge to my credit card.

Full Name, as it appears on credit card \_\_\_\_\_  
(Please Print of Type)

VISA MasterCard # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Fax to 910-762-9860**