



Authorization for Associate Membership Quarterly Payment Plan & Recurring Credit Card Payment

I elect to participate in an AACS Associate Membership quarterly payment plan. I understand that in order to participate in a quarterly plan, AACS requires preauthorized recurring quarterly credit card payments.

Accordingly, I authorize AACS to charge my credit card \$_____ for my initial quarterly membership payment; and \$_____ on a recurring quarterly basis thereafter until my annual membership is paid in full totaling \$_____. Quarterly payments will be run on October 1st, January 1st, April 1st, and July 1st.

This payment authorization is continuous for one full year and will renew each membership year. Written notice of cancellation after one full year must be mailed to 9927 E. Bell Rd., Ste. 110, Scottsdale, AZ 85260, or emailed to accounting@beautyschools.org, at least 10 days prior to the renewal due date of October 1st.

Credit Card Information

Accepted Credit Card Types: VISA MasterCard American Express

Credit Card # _____ Expiration Date _____ CVV# _____

Name on Credit Card: _____

Credit Card Billing Address Zip Code: _____

I certify that I am a valid signer on the above credit card.

[Organization]

[Authorized Signature - Date]

Please fax to: (480) 905-0993

FOR OFFICE USE ONLY

Avectra # _____

| Month/Year | Amount | Invoiced | Paid | New Balance |
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