

Authorization and Consent Form

☐ **NEW ENROLLMENT** ☐ **CHANGE** ☐ **CANCELLATION** as of ____/____/____
mm dd yy

(Please print)

Name: _____ Matrix User Code: _____

Brokerage: _____

I, _____ hereby authorize the REALTORS[®] Association of Hamilton-Burlington (RAHB) to charge my credit card for all regular payments payable to RAHB. I am responsible to notify RAHB using this form of any changes / cancellations to the credit card information for myself and any other party that I remit for.

Type of Card: ☐ VISA ☐ MasterCard **VISA/MasterCard Debit not accepted*

Credit Card Number: Expiry: _____

Name of Cardholder: _____

Credit Card billing address: _____
Street City Postal Code

Authorized Signature of Cardholder: _____

On or about the 21 of every month your current invoice is automatically charged to your credit card.

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment.

Signature: _____ Date: _____

Contact Information

Return this form to: **E-mail: karinc@rahb.ca**

OR Attn: Karin
REALTORS[®] Association of Hamilton-Burlington
505 York Blvd., Hamilton, Ontario L8R 3K4