



Pre-Authorized Payment Plan Form

Participating Membership Only

Please complete and return payment plan form and membership application to:

FCRA Headquarters
222 S. Westmonte Dr, Suite 111
Altamonte Springs, FL 32714
Fax: 407-774-6440

The FCRA payment plan is available only through submission of this form and is not available online.

INSTALLMENTS: Plan is payable by credit card only. Check payments will not be accepted.
All payments will be automatically processed as outlined below.

First Payment	Processed upon receipt of this form	\$100.00
Second Payment	Processed 30 days after first payment	\$110.00
Third/Final Payment	Processed 60 days after first payment	\$110.00

Member Name: _____

Member Address: _____

City, State, Zip Code: _____

Email: _____ Phone: _____

Terms of the Agreement: I hereby authorize FCRA to process the fees for my Participating membership in three credit card transactions. All transactions will be processed to the credit card provided on this form. The first payment in the amount of \$100.00 will be processed upon receipt. The second installment in the amount of \$110.00 will be automatically processed 30 days following the first payment. The third and final installment in the amount of \$110.00 will be automatically processed 60 days following the first payment. Check payments will not be accepted under this agreement. I understand there will be NO REFUNDS for any installment (partial payment) processed under this agreement. I also understand that FCRA membership will not be considered active until all three plan payments have been processed successfully. The full amount paid under this plan for my FCRA Participating membership dues will be \$320.00 which includes a \$20 administrative fee for processing multiple payments.

Please enroll me in the payment plan. I have included credit card information for all three installments below. I fully understand and agree to the Terms of the Agreement as stated above.

Signature

Payment Method:

MasterCard Visa American Express

Billing Address (if different from above):

Card #: _____ Exp. Date: _____ CVV: _____

Cardholder's Signature

Print Name