



Installment Payment Plan Information

Regional Office
Use Only:

BNI Western PA

Applicant Name: _____

Chapter Name: _____

Credit Card Number: _____ Expiration Date: _____

Name on Card (if different from above) _____

Credit/Debit Card Billing Street Address: _____

City _____ State _____ Zip Code _____

Email Address: _____

Phone Number: _____

Please select one of the following options: 1 YR New Member - \$698 2 YR New Member - \$1,098

1 YR Renewal - \$599 2 YR Renewal - \$999

Number of installment payments (*no more than 6*): _____

First payment will be drafted upon receipt of payment plan form.

Day of month payment to be automatically drafted from your account: _____

(Please select a payment date of the 1st, 10th, or the 15th)

Amount of each monthly draft: \$ _____

Installment payments are available only for BNI Membership Fees, and are not available for any other product or service. If an individual's credit card is declined, the person's BNI Membership is subject to termination. The individual will be notified, and a valid credit card will be sought. A member will have 3 business days to rectify the situation before being subject to termination.

If the individual fails to complete the agreed upon payments their BNI Membership will end. The BNI Membership Fees paid to date will be used to offset the cost of the member benefits provided and collection efforts. No refunds will be available.

My signature authorizes BNI Western PA to process my credit/debit card per the installment terms listed above.

Print Full Name to Accept: _____

Date: _____