



Lifetime Membership Payment Plan

Please email this completed, signed form to **Letreze Taylor**, ltaylor@leadershipflorida.org.

Member Name _____ Phone _____

Email _____

Mailing Address _____

Payment method: ☐ Check ☐ Credit Card ☐ ACH

A 3% administration fee will be added to all credit card charges and a 1% administrative fee will be added to all ACH payments.

Installment Options: The total installment plan is \$6,000. The payment plan must be no less than \$1,200 a year and paid in full within 5 years.

- ☐ **Monthly Plan** – \$100 per month
- ☐ **Quarterly Plan** – \$400 every 3 months
- ☐ **Yearly Plan** – \$1,200 per year

Payment Start Date: ____ / ____ / ____

Preferred Billing Day (1st, 15th, etc.) ____

☐ **Credit/Debit Card**

- Card Number: _____
- Expiration Date: _____
- CVV: _____
- Billing Zip Code: _____

☐ **ACH**

- Bank Name: _____
- Routing Number: _____
- Account Number: _____

Authorization

I authorize Leadership Florida to automatically charge the selected amount on the chosen schedule to the payment method provided above. I understand I may cancel or change my payment plan with written notice at least 10 days before the next scheduled payment.

Signature: _____ **Date:** ____ / ____ / ____