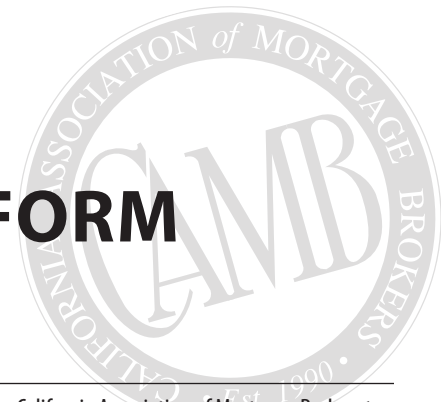




# Pay your membership in 3 installments.

## CAMB E-Z PAY PLAN FORM



### PAYMENT SCHEDULE

Below is the CAMB E-Z Pay Plan installment schedules based on membership category.

By agreeing to the CAMB E-Z Pay Plan, you authorize the California Association of Mortgage Brokers to charge your account in three near equal installments including an \$8 convenience processing fee for each installment (processing fee is included in the amounts below).

Check the appropriate box that matches your membership category.

**Professional 1 and 2 (4011)**

1st installment: \$140  
2nd installment: \$140  
3rd installment: \$139

**Associate (4013)**

1st installment: \$90  
2nd installment: \$90  
3rd installment: \$89

**Affiliate (4014)**

1st installment: \$147  
2nd installment: \$146  
3rd installment: \$146

**Support without NAMB (4015)**

1st installment: \$48  
2nd installment: \$48  
3rd installment: \$48

**Support with NAMB (4015)**

1st installment: \$63  
2nd installment: \$63  
3rd installment: \$63

**Statewide Affiliate (4016)**

1st installment: \$1,325  
2nd installment: \$1,325  
3rd installment: \$1,324

### STEP 1—Select your payment method

I, \_\_\_\_\_, authorize the California Association of Mortgage Brokers to charge my  Checking Account  Savings Account  AMEX  MasterCard  Visa in 3 near equal installments based on the payment schedule.

This payment authorization is valid and to remain in effect unless I notify the California Association of Mortgage Brokers of its cancellation by sending a 30-day written notice. Membership dues are nonrefundable.

### STEP 2—Complete this section only if making payment from checking or savings accounts.

(Go to Step 3 if paying with a credit card.)

Bank Name: \_\_\_\_\_  
Bank Account Type:  Checking  Business Checking  Savings  
Bank ABA Routing Number: \_\_\_\_\_  
(Your bank's routing number is on the lower left-hand side of your check. Do not include check number.)  
Bank Account Number: \_\_\_\_\_

### STEP 3—Complete this section only if paying from your credit card.

Card Number \_\_\_\_\_ Security Code\* \_\_\_\_\_  
Name of Cardholder \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

\*Security Code is a 3 or 4 digit number on the back of your card following your card number (front of AMEX card).

### STEP 4—Complete your contact information (you must complete all information below).

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### STEP 5—Complete your authorization. (Required for any payment method.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### STEP 6—Submit payment

Mail or fax this form with payment information to:  
CAMB, 950 Glenn Drive, Suite 150, Folsom, CA 95630 • 916/932-0389 Accounting Office Fax

**Questions?** For more information contact Shannon Rutledge at (916) 448-8236 or member@Cambweb.org.