



**2024
CHARGE CARD PAYMENT**

Name: _____ **Date:** _____

Check which applies:

___ **MLS Fee Payment in the amount of \$60.00 due.**

___ **MLS Fee Payment in the amount of \$360.00 - 6 months**

___ **MLS Fee Payment in the amount of \$720.00 - 12 months**

___ **OTHER - Amount:** _____ **for** _____

___ **Please sign me up for recurring monthly payments.**

I authorize the North Central Indiana Association of Realtors, Inc. to charge to my account the above designated charge to the following card:

___ **MC** ___ **Visa** ___ **Discover** ___ **Amex**

Card Number: _____ **Exp Date:** _____

Security Code: _____ **Billing Zip Code:** _____

Signature: _____

NOTE: THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED TO ANY SOURCE.

NCIAR BOARD OFFICE

(call for more information or email us at: nciar@comcast.net)

409 N Michigan Street * Plymouth, IN 46563 * (574) 935-3940 or (877) 935-3940

