



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 _____**
- \$3 FEE (if applies)**
- 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

