



1Gold Coast Executive Network
1100 SE 3rd Avenue
Ft. Lauderdale, FL 33316
Kim Serra-Rivera, Treasurer- Phone (954)765-5500
GCEN Info Line: (954) 537-1246
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Authorization Payment Agreement for Direct Payments

I (we) hereby authorize Gold Coast Executive Network, hereinafter called the Company, to initiate credit card payment debits for membership dues/fees. I (we) acknowledge the origination of these credit card payments must comply with the provisions of the U.S. Law.

Gold Coast Member Name/Category: _____

Name as it appears on credit Card: _____

Credit Card Type (American Express, Visa, MasterCard) _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Billing Address/Zip Code _____

Contact Phone Number: _____

Authorization to pay \$125.00 for Quarterly dues/fees for Gold Coast Executive Network.

Signature/Date

Please sign and remit with your Membership Application.