



...where people and payments connect

In-Person Registration Form

Name of Organization: _____

Address: _____

Phone Number: _____

Email: _____

Remote Deposit Capture: Risks and Rewards (\$150 per attendee) July 24 in Atlanta, GA from 9:00 until Noon

Attendee: _____

Attendee: _____

Implementing RDC: Planning the Project (\$150 per attendee) August 20 in Atlanta, GA from 9:00 until Noon

Attendee: _____

Attendee: _____

Payments Tutorial (\$150 per attendee) September 4 in Columbia, SC from 9:00 until Noon

Attendee: _____

Attendee: _____

Payments Tutorial (\$150 per attendee) September 16 in Atlanta, GA from 9:00 until Noon

Attendee: _____

Attendee: _____

Payments Radar (\$150 per attendee) November 5 in Dublin, GA from 9:00 until Noon

Attendee: _____

Attendee: _____

Changing Face of Fraud (\$150 per attendee) December 9 in Atlanta, GA from 9:00 until Noon

Attendee: _____

Attendee: _____

CANCELLATION POLICY: Cancellations must be received at least 3 business days prior to the session in order to receive a refund/not be charged for session.

DEBIT AUTHORIZATION

I authorize Payments Information Circle to initiate electronic debit entries to my: ___checking account (or) ___ general ledger account for payment of seminar sessions in the amount of \$_____.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled in writing.

Date: _____

Name of Organization: _____

Financial Institution Name (Please Print): _____

Account Number at Financial Institution: _____

Financial Institution City and State: _____

Contact Name: _____

Contact Phone Number: _____

Signature: _____

**Fax to 404-478-3492 or mail to:
Payments Information Circle, 3525 Piedmont Rd., Bldg. 7, Suite 300, Atlanta, GA 30305**