

BELZONI HUMPHREYS DEVELOPMENT FOUNDATION

P. O. Box 145 Belzoni, MS 39038

www.catfishcapitol.com

662-247-4838

Membership Application

BUSINESS NAME: _____

REPRESENTATIVE: _____

STREET ADDRESS: _____

WEBSITE: _____

MAILING ADDRESS: _____

CITY/STATE _____ **ZIP** _____

EMAIL: _____

PHONE: _____ **FAX** _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

ANNUAL DUES INVESTMENT: _____

CHECK NUMBER: _____

Your dues may be paid by a monthly bank draft. Please see attached form.

Annual Dues investment:

Individual membership	\$ 50
Retail & Small Business	\$ 300
Medium size business	\$ 600 and up
Civic organizations/churches	\$ 100
College	\$ 300
Home Health Agencies	\$ 1200
Department stores	\$ 500 plus \$50 per employee
Processing Plants	\$ 2000

Belzoni-Humphreys
DEVELOPMENT FOUNDATION, INC.



Authorization Agreement for Prearranged Payments (Debits)

I (we) do hereby authorize the Belzoni-Humphreys Development Foundation, Inc. to initiate debit entries to my (our) checking account indicated below and the Financial Institution named below, hereinafter called Bank, to debit the same to such account.

BankPlus
Transit/ABA No. 0842-0226-4

Guaranty Bank & Trust
Transit/ABA No. 0842-0225-1

Account No. _____

Amount _____

This authority is to remain in full force and effect until Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bank a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to Bank prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by Bank up to fifteen (15) days following issuance of statement or forty-five (45) days after posting, whichever occurs first.

Date: _____

Name(s): _____

Signed: _____

Signed: _____