



AUTHORIZATION FOR AUTOMATIC WITHDRAWALS OF 2010 MEMBERSHIP DUES

- Option #1
Two equal installments on, **January 1 and June 1** each for ½ dues payments
- Option #2
Four equal installments by the 1st of **January, March, May and July**, each for ¼ dues payments.
- Option #3
Six equal installments by the 1st of each month from **January –June**, each for 1/6 dues payments.
- Option #4
Eight equal installments by the 1st of each month from **December - July**, each for 1/8 dues payments.
- Option #5
Payment in Full.

Options 1-4 offered to members will include a service charge of \$5 each installment.

Voluntary:

ADPAC	\$49 or _____ (any amount)
Alliance	\$60
NDA Oral Health Foundation	\$100

I understand if I elect auto credit/debit card payments, my card will be charged on the day of or up to 5 business days after the due date. Should my card decline payment when requested, I understand NDA charge my card until my payment(s) are current with the American Dental Association, Nevada Dental Association and local component society, unless I request NDA to cancel auto payment.

Name on Credit Card: _____

Billing Address: _____ Zip Code: _____

Email Address: _____

Credit Card #: _____

Exp: _____ Security Code: _____

Personal Account Business Account