

# CALIFORNIA OPTOMETRIC ASSOCIATION

2415 K STREET | SACRAMENTO, CA 95816  
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## Payment Authorization Form

For recurring credit card/ACH dues payments

New Enrollment    Update Information

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Credit Card Options

- Annual Autopay - Charges will occur in January of each year.
- Quarterly installments - Charges will be in January, April, July, and October.
- Monthly installments - Charges will be on the 15<sup>th</sup> of each month.

Visa    MasterCard    AMEX    Discover

Business    Personal   Credit Card # \_\_\_\_\_ CVC \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACH Option

- I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law, and my account will be debited on the 15<sup>th</sup> of each month.

Name(s) on Checking Account: \_\_\_\_\_

Business Name on Checking Account (if applicable): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit by email to: [billing@coavision.org](mailto:billing@coavision.org)