



PAYMENT AUTHORIZATION FORM

California Optometric Association

2415 K Street | Sacramento, CA 95816

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FOR RECURRING CREDIT CARD/ACH DUES PAYMENTS

New Enrollment  Update Information

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address for electronic statements: \_\_\_\_\_

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 15th 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 15th of each month.

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

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

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

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

Form Rec'd

MEMBER ID#