

# California Optometric Association

2415 K Street | Sacramento, CA 95816 | [coavision.org](http://coavision.org)

Ph: (916) 441-3990 Toll-free: (800) 877-5738 | Fax: (916) 469-2896

## Payment Authorization Form 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 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 [MEMBERSHIP@COAVISION.ORG](mailto:MEMBERSHIP@COAVISION.ORG) OR FAX TO (916) 469 2896**