## **IDA MONTHLY DUES PROGRAM**

In 2012, the ADA, IDA and your local dental society started a Monthly Dues Program that allows you the convenience of paying your current annual dues in monthly installments. Should you enroll in this optional program, the IDA will deduct dues payments from your bank account each month. The draft will include a monthly \$5 administrative charge.

To participate in the Monthly Dues Program, complete the form below and mail it to the IDA, or email Jody Cleary, Director of Membership and Financial Services, at Jody@indental.org by November 15, 2012.

## Authorization Agreement for Preauthorized Bank Payments IMPORTANT: Please enclose a voided check.

Dentist Name:			ADA #:	
I hereby authorize Indiana	Dental Association to init	iate debit entries to my bank	account indicated below	and the depository named
below to debit the same to	such account.			
Depository Name:			Branch:	
City			State	_ Zip:
	John Q. Member 123 Main Street Your Town, SC 29000 803-555-1212		5555 67-76042532	
	Pay to the Order of		\$	
	0.00		Dellars 🙃	
	SRP Neural Custry United North Augusta, SC			
	For_	1224500710 5555	MP	
	:253278090:	1234560719 5555		
	Routing Number	Account Number		
Routing No.:			Account No.:	
	and in such manner as to	nd effect until DEPOSITOR afford DEPOSITORY a rea		
Name:				
Address:				
City			State	Zip:
Phone		Component		
Date		Signature		

Refund Policy: At the IDA's discretion, participants may request a refund until April 1, 2013. After this, no refunds will be given.