

Back for 2013!

# 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

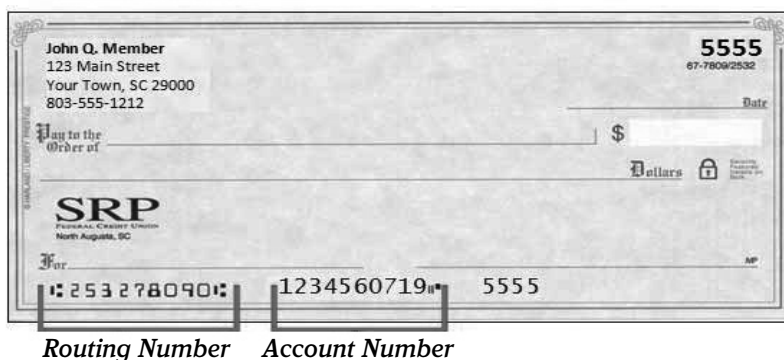
**IMPORTANT: Please enclose a voided check.**

Dentist Name: \_\_\_\_\_ ADA #: \_\_\_\_\_

*I hereby authorize Indiana Dental Association to initiate 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: \_\_\_\_\_



Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

*Notice: This authority is to remain in full force and effect until DEPOSITORY has received written notification from me or its termination in such time and in such manner as to afford DEPOSITORY a reasonable opportunity to act on it. I understand that monthly payments will include a \$5 service fee.*

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Component: \_\_\_\_\_

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

PLEASE SEND YOUR COMPLETED FORM TO: IDA, PO BOX 2467, INDIANAPOLIS, IN 46206

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