

Back by popular demand! Pay your 2016 dues the easy way! CDA Easy Pay Authorization for 2016 CDA Membership Dues



I authorize the Colorado Dental Association to debit my checking/savings account or charge my credit card in 4 monthly installments between the 20th and 25th of the month (September 2015 through December 2015) for an amount equal to my 2016 membership dues and the following voluntary contributions.

I wish to voluntarily contribute to:

CHARITABLE FUNDS:

CDA Charitable and Educational Fund	\$25	<input type="checkbox"/> yes <input type="checkbox"/> no	\$_____ (other amount)
COMOM (Colorado Mission of Mercy)	\$50	<input type="checkbox"/> yes <input type="checkbox"/> no	\$_____ (other amount)

POLITICAL FUNDS:

State - CODPAC/Colorado Small Donor Committee	\$85	<input type="checkbox"/> yes <input type="checkbox"/> no	\$_____ (other amount)
Federal - ADPAC	\$50	<input type="checkbox"/> yes <input type="checkbox"/> no	\$_____ (other amount)

Full Name _____ Phone _____

Billing Address _____ City/State/ZIP _____

E-mail Address (to receive receipt) _____

Pay by Credit Card:

Credit Card Number _____ Exp. _____ CVC Code _____

OR Pay by checking/savings account:

Account Number _____ Bank Routing Number _____

*Please attach a voided check

This authority is to remain in full-force and effect until the Colorado Dental Association receives written notification from me of its termination in such time and manner as to afford the Colorado Dental Association reasonable opportunity to act on it.

Signature _____ Date _____

If you are authorizing CDA Easy Pay for more than one dentist, please photocopy this blank form and complete a separate form for each dentist. Dues amounts vary depending on membership type and component society. To confirm your total dues amount, please contact CDA Director of Membership Jeanne Nicoulin at 303-996-2842, 800-343-3010 x102 or jeanne@cdaonline.org.

Dues will be automatically charged/withdrawn in 4 monthly installments, September 2015 through December 2015, between the 20th and 25th of each month. If the ADA or component dues increase, your 4th installment will adjust to reflect the change.

Please return this form by Sept. 20, 2015 by fax at 303-740-7989 or e-mail jeanne@cdaonline.org.

Colorado Dental Association, 8301 E. Prentice Ave., Ste. 400, Greenwood Village, CO 80111.

