



Electronic Dues Payment Program

Authorization Agreement:

I authorize the Colorado Dental Association (CDA), a Colorado not-for-profit corporation, to initiate automated debits to my credit card or ACH. This authorization includes all adjusting entries, either debit or credit, that may be required. An ACH Payment (Automated Clearing House) is an electronic check that moves funds from your bank account directly to the CDA bank account.

I agree to pay all such Dues amounts owed and designated by me. If, for any reason, my credit card or ACH payment is revoked, suspended, halted by me or the credit card or ACH payment cannot be processed for any other reason, I remain responsible for paying the Dues installment owed directly to CDA on a timely basis. In the event a credit card or ACH payment debit cannot be processed, CDA is authorized to attempt to initiate the debit again at a later time. If, for any reason, a debit is repeatedly dishonored the CDA is not liable for any losses incurred by reason of any failure in the automated debit process. I understand I am responsible for any fees that may be imposed by my credit card issuer or bank. I understand that I will also be responsible for a \$25 payment to the CDA to cover a Non-Sufficient Funds (NSF) if the checking account for the payment or payment plan does not have enough money to cover the transaction. If my credit card or ACH payment cannot be processed on any **two debit dates**, the CDA may terminate the automated debits by giving me written notice first by email and second to primary street address as shown in CDA's records. My membership shall not be considered in good standing until all past Dues amounts owed are considered up to date.

I may terminate automated credit card debits or ACH payments by notifying the CDA by calling 303-996-2841 or 303-996-2842 and the termination will be effective seven business days after the date the notice is received by CDA. Following any termination of automated credit card debits or ACH payments by either CDA or me, I will be responsible for paying my remaining Dues in full, directly to the CDA.

No refunds will be provided for canceled memberships. By enrolling in a membership, I understand that a "membership year" spans a calendar year from January through December and not a 12-month period from the date of enrollment. This authorization shall be governed by and interpreted in accordance with the laws of the State of Colorado, without giving effect to any choice of law rule that would cause the application of the laws of any other jurisdiction to the rights and duties of either party.

Installment Payment Program Agreement:

If I elect to enroll in the installment payment program, I understand that for each membership year, defined as January through December, i.e. 2020 Dues: if I enroll prior to December 14, 2019 the first payment will be made on the 15th day of December 2019. In any event,

subsequent debits shall be made on the 15th day of each succeeding month through September of the membership year. If the scheduled date of a debit falls on a weekend or a legal or business holiday, the debit may occur on the next business day. Dues must be paid in full no later than October 15th of said year. In enrolling in the Installment Payment Program, I am thereby agreeing to the Electronic Dues Payment Program Authorization Agreement as detailed above.

If I enroll after December 15, 2019, the first monthly debit will be the cumulative monthly amount required to bring the monthly payments current and subsequent monthly debits shall be equal to one tenth (1/10) multiplied by the sum of the total tripartite and voluntary dues for the membership year to CDA, American Dental Association, my local component society and other recipients designated by me ("Dues").

Auto-Renew Payment Program Agreement:

By electing to enroll in the Auto Renew Payment Program in conjunction with installment payments, or as a once-per-year automatic payment of membership dues and/or voluntary dues items, I am thereby agreeing to allow an automatic renewal of my membership in future years. This includes the same terms and conditions as detailed above for the Electronic Dues Payment Program Authorization Agreement and Installment Payment Program Agreement (if enrolling in installments). In lieu of receiving a dues statement in future years, I understand I will receive an auto-renewal email providing information on next year's membership dues rates and/or voluntary items that I have elected to be enrolled in the Auto Renew Payment Program, and how I can change voluntary contributions or stop the auto renew feature. I agree to provide notice of cancellation of the auto renew payment plan for the next membership year no later than November 30 of the proceeding year by contacting Erica Carvin at the CDA at 303-996-2842 or erica@cdaonline.org. Auto renew one-time payments will be processed on December 15.

MDDS Members: All MDDS members will need to fulfill a minimum of 50% of their total dues commitment by May 30 in order for complimentary registration to the Rocky Mountain Dental Convention to be included as a member benefit. If less than 50% of total dues is paid, MDDS will automatically charge that member the full \$695 non-member registration fee. This does not apply to transferred membership.

Questions?

Contact erica@cdaonline.org or 303-996-2842 or 303-740-6900.