



OHIO
OPTOMETRIC
ASSOCIATION



Automatic Dues Payment (ADP) Plan

The ADP Plan allows members to divide their combined AOA/OOA annual membership dues into monthly payments.

Instead of paying one lump sum for annual dues, members can opt to have a manageable amount deducted from their checking account or credit/debit card each month.

Members find this plan assists with their budgeting process and requires little to no maintenance from year to year.

Additionally, the ADP Plan provides a cost-savings for members and allows them to take advantage of credit card reward points and other incentives.

The traditional ADP cycle runs June—May.

Payments for 20201 dues begin on June 15, 2020 and continue each 15th of the month through May 2021.

A member may begin ADP at any point, but total dues will need to be paid in full by May of the current dues year. For example, if a member begins ADP in January, their total dues will be divided into five monthly payments ending in May.

To enroll in ADP, complete and return the authorization agreement below for either automatic deductions through your checking account, OR through a credit/debit card.

CHOOSE TO PAY MONTHLY VIA CHECKING ACCOUNT OR CREDIT/DEBIT CARD. FILL OUT ONE OPTION ONLY.

AUTHORIZATION FOR AUTOMATIC DEBIT PAYMENTS
THROUGH CHECKING ACCOUNT

I hereby authorize the Ohio Optometric Association to initiate debits to my account shown below and the bank shown below to debit that same account.

Member Name: _____

Ohio License Number: _____

Bank Name: _____

City: _____

State: _____ Zip: _____

Bank Routing Number: _____

Account Number: _____

Signature: _____

Date: _____

NOTE: Please return an original or a copy of a voided check with this authorization form.

AUTHORIZATION AGREEMENT FOR AUTOMATIC
CREDIT/DEBIT CARD PAYMENTS

I hereby authorize the Ohio Optometric Association to initiate charges to my account shown below.

Member Name: _____

Ohio License Number: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Circle Type: VISA MC DISCOVER AMEX

Card Number: _____

Expiration Date: _____ CVC: _____

Signature: _____

Date: _____

This authority is to remain in effect until the OOA has received written notification from me (us) of its termination in such time as to give the OOA a reasonable opportunity to act on it. A customer has the right to request information concerning all entries by notification to the company issuing such card after charging the account. After the account has been charged, a customer has the right to have the amount of an erroneous charge immediately removed from the account by the card issuer up to 30 days following notification.

FAX COMPLETED FORM TO 614-781-6521 OR EMAIL TO INFO@OOA.ORG