



OHIO  
OPTOMETRIC  
ASSOCIATION

**ADP**

**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 2020 dues begin on June 15, 2019 and continue each 15<sup>th</sup> of the month through May 2020.

**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**