



PAYMENT AUTHORIZATION FORM

California Optometric Association

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FOR RECURRING CREDIT CARD/ACH DUES PAYMENTS

Update Information New Enrollment

MEMBER INFORMATION

Name: Last First M.I. LICENSE #
Home Address:
City: State: Zip Code:
Phone: Fax:
E-mail address for electronic statements:

CREDIT CARD OPTION

Yes, I authorize COA to charge my credit card for my full annual COA membership dues.
Charges will occur in January of each year
Yes, I authorize COA to charge my credit card in quarterly installments for COA membership dues.
Charges will be in Jan, Apr, July, and Oct.
Yes, I authorize COA to charge my credit card monthly installments for COA membership Dues.
Charges will be on the 15th of each month
Visa MasterCard American Express Discover
Business Personal Credit Card # CVC Expiration Date:
Name on Card:
Business Name (if applicable):
Billing Street Address:
City: State: Zip Code:
Signature: Date:

ACH DEBIT OPTION

Yes, I authorize COA to initiate debit entries to my Checking Account indicated below for monthly installments equal to one twelfth of my total annual COA membership dues. I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law, and my account will be debited on the 15th of each month.
Fax or mail a voided check with your ACH authorization form.
Name(s) on Checking Account:
Business Name on Checking Account (if applicable):
Routing Number: Account Number:
Signature: Date:

Table with 2 columns: Form Rec'd, MEMBER ID#