



Enroll Now.

To enroll in EDP, renew online or sign this form and mail it to CDA or fax the form to 877.857.4735. As a CDA member, you may only participate in the installment payment plan as an active or life active member.

By mail: CDA, Attention: Membership at 1201 K Street, 14th Floor, Sacramento, CA 95814

By phone: Call 800.232.7645 for assistance with your dues payment options.

Online: Renew your membership at cda.org/member, enroll in the Electronic Dues Payment program (EDP), and pay in equal monthly installments automatically deducted from your checking account.

Electronic Dues Payment Program

Authorization Agreement I authorize California Dental Association ("CDA") to initiate automated debits to the checking account shown below, and authorize the depository institution shown below ("Bank") to debit such account for such amounts. This authorization includes all adjusting entries, either debit or credit, that may be required. For each membership year: (a) if I enroll prior to January 5th of such membership year, the first debit shall be made on the 15th day of January; if I enroll after January 5th of such membership year, and such date falls on any of the first through 5th days of the current month, my first debit will be on the 15th day of the month that I enroll; and if I enroll after January 5th of such membership year, and such date is after the 5th day of the current month, my first debit will be on the 15th day of the following month. In any event, subsequent debits shall be made on the 15th day of each succeeding month through December of the membership year. If the scheduled date of a debit falls on a weekend or a legal or business holiday, the debit will occur on the next business day. Each debit shall be in an amount approximately equal to a fraction (the numerator of which shall be "1" and the denominator of which shall be the number of months in the membership year in which automated debits will be made) multiplied by the sum of (a) the total tripartite and voluntary dues for the membership year to the CDA, American Dental Association, and other recipients designated by me ("Dues") on a reminder notice that will be sent to me, plus (b) a \$12 annual service charge to enroll in the automated debit program. I agree to pay all such amounts. If there are insufficient funds to cover a debit, the Bank account is frozen or closed, I stop payment on the debit, or the debit is not made for any other reason, I remain responsible for paying the Dues installment directly to CDA on a timely basis. If a debit cannot be made, CDA is authorized to attempt to initiate the debit again at a later time. If, for any reason, a debit is dishonored, I agree to pay CDA a fee of \$25. CDA is not liable for any losses incurred by reason of any failure in the automated debit process. I am responsible for any fees that may be imposed by my Bank. If my Bank account is frozen or closed, or there are insufficient funds in my Bank account on any two debit dates, CDA may terminate the automated debits by giving me written notice at my address as shown in CDA's records. My membership will be automatically renewed each year unless I tell you to stop. Before the start of each renewal, I will be sent a reminder notice stating the Dues then in effect, including the amount paid in the previous membership year for voluntary dues to the CDA, American Dental Association, and other recipients designated by me. I may change the amount of my voluntary dues by notifying the CDA Contact Center at 800.232.7645. If I do nothing, my Bank account will be charged for the total amount of the Dues stated on the notice and in the manner set forth above. I may terminate automated debits by notifying CDA at 1201 K Street, 14th Floor, Sacramento, CA 95814, Attention Membership, and the termination will be effective seven business days after the date the notice is received by CDA. Following any termination of automated debits by either CDA or me, I will be responsible for paying my remaining Dues in full, directly to CDA. No refunds will be provided for canceled memberships. Note that the CDA membership year runs from January 1 to December 31. This authorization shall be governed by and interpreted in accordance with the laws of the State of California, 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 the parties.

↓ Tear here

Name (please print): _____

Dental license: _____

Signature: _____

Date: _____

Name of depository institution: _____

Checking account number: _____

Transit/ABA routing number: _____

Total dues amount owed: _____