

APA SCHEDULED PAYMENT PLAN

A CONVENIENT WAY TO PAY YOUR DUES

Enroll now in the Scheduled Payment Plan to have your current APA and District Branch dues automatically charged to your credit card in monthly, quarterly, biannual or annual installments.

BENEFITS:

- Pay your membership dues in installments.
- No interest or service fee.
- Automatic renewal in the Scheduled Payment Plan until you choose to cancel.
- Obtain member discount for Annual Meeting without full dues payment prior to meeting.

Use this form and return it to the American Psychiatric Association, Membership Department at the address listed below, or fax it to 202.403.3673. Please note this program can be used to pay district branch dues only if your district branch participates in centralized dues billing (see your enclosed renewal notice). If you transfer district branch membership, the remaining balance owed to the original district branch will be charged in full. In the event the original district branch waives its dues, dues charged by the new district branch will be added to the payment schedule. Outstanding dues still owed prior to the current year will be included in the payment plan.

Help us to save on printing costs and help the environment. Go green by enrolling today. Scheduled Payment Plan participants will not receive paper invoices.

Scheduled Payment Plan Options: *Please charge me* Monthly Quarterly Biannually Annually
Payment Information: *Please charge my* Visa Mastercard American Express Discover

Member Name	APA ID #	
Email		
Name As It Appears On Credit Card		
Credit Card Billing Address		
City	State/Province	
Country	Postal Code	
Credit Card #	Exp. Date (MM/YYYY)	CVV

The total invoice amount will be charged in installment payments beginning shortly after the completed form is received by the APA central office. The payment amount is subject to change based on outstanding balances with the APA at the time this form is received.

I authorize the APA to charge my credit card for my current dues and any other outstanding dues collected by the APA for membership in the local district branch, any district branch assessment (if applicable), area (if applicable), and APA in U.S. Dollars. Upon notification that my credit card is declined, I will provide the APA with another credit card number within 10 days or will forfeit my participation in the scheduled payment plan credit card program. If my dues balance is not paid within 3 months of being removed from the payment plan for any reason,

my membership will expire. I understand my outstanding dues balance will be spread out and charged in payment installments I select (i.e. monthly, quarterly, biannually or annually.) In the event I do not select an installment option when completing this form, my credit card will be charged monthly unless I notify the APA otherwise.

I authorize **automatic renewal** of my APA/DB membership on an annual basis through the scheduled payment plan option and understand that until I notify the APA in writing that I no longer wish to participate in the payment plan, my dues will be charged in installments on my credit card. APA will confirm the automatic renewal in writing each year and notify me of the annual dues amount for the upcoming year.

Signature _____ Date _____