

Easy Pay Makes It Easy To Say Yes.

It's Simple

The Easy Pay plan works like this: Instead of having to pay your membership dues in one lump sum, you have the option to pay in automatic monthly or quarterly installments. Your payments will be charged to your VISA or MasterCard. The bottom line is—it's quick, safe, and easy.

It's Affordable

Spreading your dues payments over the whole year makes your membership in your medical association as easy and affordable to pay for as it is worthwhile.

Just Tell Us Once

Make it easy on yourself. Simply complete and return this authorization form.

Once the process has begun, you will not receive additional dues statements; your payments will be reflected on your bank or credit card statements.

Privacy Is The Key

Continuing the quality service our members expect requires privacy and confidentiality. You can trust that your information is safe with us.

Things To Know

Whichever option you choose, 1/4 (quarterly) or 1/12 (monthly) of the total amount due will be charged to your credit card commencing in January, if you return this form before December 20. If we receive this form after December 20, your total amount due will be divided by the number of months/quarters remaining in the year to determine the appropriate payment. For future years, your payments will begin in January.

Remember, you are committed to this plan until the membership dues for the year are satisfied.

Authorization Form for SMCMA's *Easy Pay Plan*

I authorize the San Mateo County Medical Association to charge my credit card listed below.

MEMBER INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax Number _____

CREDIT CARD INFORMATION:

Credit Card Type: ___ MasterCard ___ VISA

Name on Account _____

Card # _____

Expiration Date _____

IMPORTANT INFORMATION

Terms of the agreement: I understand that dues are for a Full-year period and that selection of the automatic Quarterly or monthly EASY PAY option is a means to spread dues payments over the entire year. I understand that SMCMA guarantees that I will be notified in writing should membership dues increase.

Membership Payment for:

___ SMCMA/CMA

Payment Options:

___ Full Amount ___ Quarterly ___ Monthly

Signature _____ Date _____