



Two Willow Street, Suite 200,  
Southborough, Massachusetts 01745-1027  
800.342.8747 • [massdental.org](http://massdental.org)

## Monthly Installment Payment Authorization & Agreement —Update

**This form should only be completed and mailed back if you are updating your payment information.**

I hereby authorize the Massachusetts Dental Society (MDS) to initiate monthly debit entries to my account indicated below in twelve (12) withdrawals per membership year, each equal to one-twelfth of my total tripartite dues and assessments (the ADA, the MDS, and local District), plus any additional voluntary annual subscriptions or donations noted below, from the bank, debit or credit account listed below. This authorization includes all adjusting entries, either debit or credit, that may be required.

Each debit shall be made monthly, commencing in January and every month thereafter through December, for each year this Monthly Installment Authorization & Agreement remains in effect, in an amount equal to one-twelfth of my annual tripartite dues and assessments plus any voluntary payments for that year. All payments are non-refundable.

If I choose to pay with a credit card, I assume responsibility to notify the MDS of any changes in expiration date or credit card account number. Failure to notify the MDS of changes may result in suspension of all membership benefits from the MDS, the ADA, and the district.

If, while this Monthly Installment Authorization & Agreement remains in effect, my account is closed, frozen, compromised, or you are otherwise unable to withdraw funds for all charges due, I will owe the MDS the full remaining unpaid balance for tripartite dues, assessments, and all voluntary contributions noted below, plus any charges or expenses incurred by the MDS as a result of my default.

If any payment is not made on time and in full, the MDS may suspend all membership benefits from the MDS, the ADA, and the district until the default is cured. Notwithstanding anything herein to the contrary, the MDS may deny or revoke my participation to the program in its sole discretion.

If, while this Monthly Installment Authorization & Agreement remains in effect, you resign/retire, the full remaining unpaid balance for tripartite dues, assessments, and all voluntary contributions noted below will be charged to your account on the date of your resignation/retirement.

This Monthly Installment Authorization & Agreement will remain in full force and effect, year to year, until the MDS has received my written notice of cancellation in such a time and manner as to afford MDS a reasonable opportunity to process it. *continues on back* →

*Please return if you are updating your payment information to the MDS by mail at Two Willow St., Ste 200, Southborough, MA 01745 For questions or changes concerning your account, please call the Member Assistance Center at 800-342-8747, option 6.*

## Authorization & Agreement

MDS-PAC contributions must be made by PERSONAL check or PERSONAL credit card only. A maximum of \$500 can be contributed per calendar year. ADPAC contributions must be made by PERSONAL check or PERSONAL credit card only. ADPAC is a federally registered political committee and the contributions it receives are used to support federal candidates and committees. A maximum of \$50 can be contributed per calendar year. Optional contributions can be made by Personal check or Personal credit card only. If you wish to contribute you may also visit us online at [massdental.org](http://massdental.org). when you login to your account.

Please indicate if paying by checking account or credit card by checking the appropriate box below and circle a credit card type (if applicable).

**Checking Account**    **Credit card**         

### Bank Checking Account Information:

Bank Name \_\_\_\_\_

Bank Account Holder Name \_\_\_\_\_

Bank Account Number \_\_\_\_\_

ABA Routing # (checking only, 9 digits) \_\_\_\_\_

Account Type:    Corporate\*    Personal

### Credit Card Information:

Credit Card Account Type \_\_\_\_\_

Credit Card Account Holder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CVC \_\_\_\_\_

Exp. Date (credit cards only) \_\_\_\_\_ / \_\_\_\_\_

Account Type  Corporate\*    Personal

Print Name \_\_\_\_\_ ADA # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Corporate account payments cannot be accepted for MDS-PAC or ADPAC contributions. If you wish to contribute to the MDS-PAC or ADPAC, please use a personal account only.*

Please note: You can also update your credit card information by phone. Please call the Member Assistance Center at 800.342.8747 select option six.

Please DO NOT email the completed form. PCI DSS requirement 4.2 states that credit card information must not be captured, transmitted, or stored via email.

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