

### Authorization Agreement Update

**This form should only be completed 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 (ADA, 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 Authorization 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 MDS of any changes in expiration date or credit card account number.** Failure to notify MDS of changes may result in suspension of all membership benefits from MDS, ADA, and District.

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

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

If, while this authorization 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 authorization will remain in full force and effect, year to year, until MDS has received my written notice of cancellation in such time and manner as to afford MDS a reasonable opportunity to process it.

☐ Checking Account    ☐ Credit Card

Bank/Credit Card Number: \_\_\_\_\_ CVV (card only): \_\_\_\_\_

ABA/Routing # (checking only, 9 digits): \_\_\_\_\_ Exp. Date (credit cards only): \_\_\_\_ / \_\_\_\_

Account Type: ☐ Corporate    ☐ Personal

Optional Contributions (check all that apply):

☐ Alliance (\$65)    ☐ MDS Foundation (circle one: \$100 \$250 \$500 Other - \$ \_\_\_\_\_ )

**\*Contributions to MDS-PAC/ADPAC must be made by personal credit card or checking account.**

**ADPAC: \$50.00 maximum contribution per calendar year.**

**MDS-PAC: \$500 maximum contribution per calendar year.**

☐ MDS-PAC (circle one: \$145 \$250 \$500 Other - \$ \_\_\_\_\_ )    ☐ ADPAC (\$ \_\_\_\_\_ )

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

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