

Monthly Installment Payments Authorization & Agreement

This Authorization Agreement accompanies the invoice for your first full or partial year of membership. If you are interested in participating in our monthly installment payment program, please sign where indicated on back and return this form and, upon receipt, your account will be automatically debited for the monthly payment(s) due, as further provided below.

By signing below, you acknowledge your responsibility to pay the total tripartite dues and assessments (American Dental Association, MDS, and local District) that apply to your membership for the current year, plus any additional voluntary annual subscriptions or donations, as listed in your account's My Payment Methods, and you hereby authorize the Massachusetts Dental Society ("MDS") to initiate monthly charges to the credit or debit card on file in your MDS online account, in equal monthly withdrawals per membership year, to pay these amounts.

MDS will notify members annually of any dues rate changes. According to the dues stabilization policy which was approved by the MDS House of Delegates in 2015, MDS dues increases are based on the Boston Consumer Price Index (CPI) averaged over the prior 3 years. (MDS reserves the right to change this policy, upon proper notice and action.) ADA and District dues are subject to their respective policies and procedures.

Each credit or debit charge shall be made monthly, commencing in January (or as soon as feasible, subject to back-billing of monthly accruals) and every month thereafter through December, for each year this Authorization remains in effect. All payments are non-refundable.

If you select this automatic monthly billing method, you are responsible to have an active credit or debit card on file and to notify MDS of, or to update online, any changes to the credit/debit card account number or expiration date. Failure to do so may result in your removal from this installment program and immediate invoicing of your balance due for the current year and/or suspension of all membership benefits from MDS, ADA, and your District.

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

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

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 your participation in this program at any time in its sole discretion.

(continue on back)



Two Willow Street
Southborough, Massachusetts 01745-1027
800.342.8747 • massdental.org

Authorization Agreement

This authorization will remain in full force and effect, year to year, unless (i) it is terminated by MDS (as provided above), or (ii) MDS receives your written notice of withdrawal from automatic monthly billing or cancellation of membership in such time and manner as to afford MDS a reasonable opportunity to process it, in which case your membership or this Authorization will expire upon such processing.

I, _____, hereby authorize the Massachusetts Dental Society to automatically charge against the credit/debit card I have on file in my MDS online account the monthly amount of tripartite dues, assessments and voluntary contributions I owe for the current year and every succeeding year of membership (effective January 1), unless my membership or this Authorization terminates, as provided above.

☐ 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: _____

*Please return to the MDS at membership@massdental.org or Two Willow St., Southborough, MA 01745
For questions concerning your account, please call 800-342-8747, option 6.*