



# 2018 Dues Payment Plan Policy and Agreement Form

Approved 11/20/2017

## **POLICY** **A DUES PAYMENT PLAN IS A MEMBER PRIVILEGE AND IS REVOCABLE**

- Agreement Form: **Form must be completed, signed, dated and sent to CAADS with first payment**
- Installments: **Maximum of six (6) installments. Final payment must reach CAADS by JUNE 30**
- Restricted Use: **Plan NOT available to NEW MEMBERS JOINING AFTER MAY 31**, since the deadline for final payment is June 30, and dues are already pro-rated. *Sorry, not available to current / past members with history of late payment and/or payment which fails to clear.*
- Processing Fees: **\$20 PER INSTALLMENT**  
**Payments by CHECK:** From statement prepared by CAADS, per approved payment schedule  
**Payments by CREDIT CARD:** Automatically billed by CAADS to your Discover, MasterCard, Visa or American Express, per approved payment schedule
- Payment Deadlines: **PAYMENTS DUE by the 1<sup>st</sup> of the month.**  
**LATE after the 15<sup>th</sup> of the month. \$35 Late Fee after the 15<sup>th</sup>**  
**PAST DUE after the end of the month. Membership termination without notice**
- Reinstatement Fee: **\$50 administrative fee** if reinstating within 30 days of membership termination; otherwise, rejoining is not permitted prior to January 1, and Payment Plan privileges are revoked.
- Returned Check Fee: **\$50 per item fee.** After two (2) payments fail to clear, payment in full by cashier's check or money order is required, and Payment Plan privileges are permanently revoked.

## **PAYMENT SCHEDULE**

2018 Annual Dues Rate: \$ \_\_\_\_\_ (Must match TOTAL Dues Amount below)

Payment Due	Dues Amount	+	Processing Fee	=	Installment Amount
2018 – Jan 1	\$ _____	+	\$ 20.00	=	\$ _____
2018 – Feb 1	\$ _____	+	\$ 20.00	=	\$ _____
2018 – Mar 1	\$ _____	+	\$ 20.00	=	\$ _____
2018 – Apr 1	\$ _____	+	\$ 20.00	=	\$ _____
2018 – May 1	\$ _____	+	\$ 20.00	=	\$ _____
2018 – Jun 1	\$ _____	+	\$ 20.00	=	\$ _____
	\$ _____		\$ _____		\$ _____
	<b>TOTAL Dues Amount</b>	<b>+</b>	<b>TOTAL Processing Fee</b>	<b>=</b>	<b>TOTAL Installment Amount</b>

## **AGREEMENT**

I agree to abide by the above Payment Plan Policy and Payment Schedule. Payments to CAADS will be by:

CHECK OR  CREDIT CARD

Center/Organization \_\_\_\_\_ Member ID Number \_\_\_\_\_

Authorized Contact Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

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