

## Payment Schedule

Via Credit Card or Direct Debit Authorization

**Please make a copy for your records and return this full page to the KOA Office:**

**P.O. Box 572, Frankfort, KY 40602**

**Fax: 502-875-3782**

### **Credit Card:**

Doctor's Full Name \_\_\_\_\_

Example of dues breakdown for all dues categories:

- Monthly – 1/12 of total dues deducted the 1<sup>st</sup> of each month  
(plus \$5.00/month administrative cost)  
Ex: January payment for full-time member ( $\$184.75 + \$5.00 = \$189.75$ )
- Quarterly – ¼ of total dues deducted 1<sup>st</sup> of January/April/July/October  
(plus \$5.00/administrative cost)  
Ex: January payment for full-time member ( $\$554.25 + \$5.00 = \$559.25$ )
- Semi-Annual – ½ of total dues deducted 1<sup>st</sup> of January/July  
(plus \$5.00 administrative cost)  
Ex: January payment for full-time member ( $\$1108.50 + \$5.00 = \$1113.50$ )
- Annual – Total Dues – Deducted January 1, 2022  
Ex: (\$2,217.00)

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Charge my: ( ) Visa      ( ) Master Card      ( ) Discover      ( ) AMEX

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name as it appears on card:

\_\_\_\_\_

Card Holder's Signature:

\_\_\_\_\_

**Direct Debit Authorization:**

Authorization Agreement for Preauthorized Payments

I (we) hereby authorize Kentucky Optometric Association, hereinafter called Company, to initiate debits entries to my (our) [ ] Checking or [ ] Savings account (*select one*) indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name  
(Bank Name) \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_

Account No. \_\_\_\_\_

This authority is to remain in full force and effect until Company and Depository has received written notification from me (us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**\*\* A voided check with the Transit/ABA No. and Account No. MUST accompany this completed form \*\***

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Ex: (\$2,217.00)