CREDIT CARD AUTOPAY INSTALLMENT AGREEMENT

Please complete & mail or fax form to PDCA, Laura Illy, 1801 Park 270 Drive, Ste 220, St. Louis, MO 63146 or fax (314)514-9417.

Member Information

Company: _____

Name: _____

Address credit card is registered to: _____

City: _____ State: _____ Zip: _____

Phone: (___) _____ Phone: (___) _____ Email: _____
(Home) (Work/ Cell)

Your monthly payments will be governed by your membership type. By signing this Agreement, you agree to all the terms in this Agreement.

Membership Agreement

1. **AUTOMATIC PAYMENT PLAN.**
With this payment plan you agree that, your **credit card** will **automatically** be charged for your **ANNUAL** membership dues: **Only annual membership is available**, but payment for annual dues may be made monthly, quarterly, or annually (check one option below).
☐ **MONTHLY:** You agree to pay an initial down payment of 1/12th of your annual membership dues at the time you sign this Agreement, with payments of 1/12th of your annual membership dues per month payable **for a minimum of 11 months**, after which point will terminate only upon notification of cancellation. This agreement is automatically renewed each year on the anniversary date of your membership.
☐ **QUARTERLY:** You agree to pay an initial down payment of 1/4th of your annual membership dues at the time you sign this Agreement, with payments of 1/4th of your annual membership dues every 3 months thereafter payable **for a minimum of 3 periods**, after which point will terminate only upon notification of cancellation. This agreement is automatically renewed each year on the anniversary date of your membership.
☐ **ANNUALLY:** You agree to pay your total annual membership dues at the time you sign this Agreement, with payments of your total annual membership dues every 12 months thereafter, terminating only upon notification of cancellation.
2. **AUTHORIZATION.** (a) The above agreed fee will be debited on the last business day (31st of the month or last day of the month) of each period agreed to above (each, a *"Transfer Date"*), from the following credit card:
☐ VISA ☐ M/C ☐ Amex

Card No: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp. Date: ____/____

Name on Card **(unless Company Card, Name on Card must match signature below):** _____
(b) By signing this Agreement, you authorize The Painting and Decorating Contractors of America (PDCA) to debit from the credit card referenced above (or from a substitute credit card provided by you to PDCA at any time), all amounts due to PDCA in accordance with the Automatic Payment Plan selected. The amounts due may include your payment amount, any delinquent payments, and/or any other unpaid fees or charges. PDCA may make debits on or within three business days before or after each Transfer Date, and debits may continue until your Automatic Payment Plan is terminated or cancelled in accordance with this Agreement. Your total payment may vary because of past unpaid fees or other fees and charges due to changes in dues structures.
3. **FEES.** All fees, including any prepaid and recurring fees, are non- refundable. You must pay your fees whether or not you use PDCA services. You agree to pay PDCA an administrative fee for any declined debit (such as non-sufficient funds, closed account, frozen or declined credit or similar circumstances). The current fee is $15, subject to applicable state law. PDCA may charge you a $10 late fee, subject to applicable law, for each failure to pay any amount owing when due, for a credit card problem such as insufficient funds or closed account, or for similar circumstances resulting in late payment.
4. **CHANGES & ERRORS.** You must notify PDCA of any changes in your account in a timely manner. You must notify PDCA within 60 days of a claimed error on your bank statement or credit card statement. You are responsible for notifying your bank of any error that appears on your bank or credit card statement. You must have written proof if you claim your automatic deduction was not stopped 90 days after a written notification was made to PDCA to do so or PDCA will not reimburse you for deductions you claim should not have been deducted. PDCA may, upon at least 10 days prior written or electronic notice to you, change the scheduled Transfer Date for your Payment.
5. **FAILURE TO PERFORM.** If you breach the terms of this Agreement (including, without limitation, failing to pay any amounts when due), PDCA may, in addition to any other available remedies, terminate this Agreement and failure to take care of any obligations to PDCA could result in termination of your PDCA Membership.
6. **TERMINATION. This authorization will remain in effect each year until you have fulfilled your minimum number of payments for your annual membership and PDCA has received notice of termination from you in writing.** PDCA will stop making debits from your credit card within thirty (30) days from the date of receipt of your notification to terminate. Upon termination from the Automatic Payment Plan you will be responsible for paying your dues directly to PDCA.

Member's Signature: _____ Date Signed: _____

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