

Monthly Installment Payment Authorization Agreement

Please review the terms of your payment method and the applicable policies. By proceeding with this agreement, you acknowledge and agree to the following:

Dues Notification:

The Massachusetts Dental Society (MDS) will notify members annually of any changes to dues rates, which are determined annually by the MDS House of Delegates. Contributions to MDS-PAC and ADPAC must be made via personal checks or credit cards, with maximum contributions of \$500 to MDS-PAC and \$50 for ADPAC per calendar year.

Enrollment/Payment Terms:

This agreement will automatically renew each year, ensuring that your membership continues without interruption, with ongoing monthly payments processed for your membership dues. The membership period ends on December 31st of every year. You must start to pay the total of your annual membership dues at the beginning of the term; no proration is permitted, regardless of your enrollment date. By signing this agreement, you authorize the Massachusetts Dental Society (MDS) to charge your stored credit card for annual dues and additional subscriptions or donations. This agreement may include addendums, which are additional provisions or amendments that could be made to the original terms. You will be notified of any such changes in advance. Key responsibilities include:

- **Updating Information:** You must keep your credit card information current to avoid service interruptions or loss of membership benefits. If your credit card expires or your ACH account changes, you must update your payment information within 5 business days
- **ACH Transactions:** If you opt for ACH (Automated Clearing House) payments, transactions may be processed immediately. In the case of insufficient funds (NSF), MDS will attempt to reprocess your payments on the next billing date.

Resignation/Bank Account Closure: Any remaining unpaid balance will be charged upon resignation or retirement. If your bank account is closed or funds cannot be withdrawn, the unpaid balance plus any incurred charges will be due immediately.

Hardship Waiver: If you experience hardship, you may submit a waiver form to the Waiver of Dues Committee. Contact us for more information.

Multiple Unprocessed Payments:

After three consecutive unprocessed payments in a year, you will be ineligible to rejoin the installment plan the following year and must complete two full years of dues to re-enroll. Membership may be canceled if payment information is not updated, with a five-day response required after final notice. Notifications will be emailed, and the MDS Member Assistance Center will follow up by phone. Your initial notice will be via email from membership@massdental.org.

Cancellation Policy:

Submit a written request (email or letter) between January 1st and March 31st to cancel your Monthly Dues Installment Plan. Cancellations during this period will end membership and privileges immediately. Cancellations after March 31st require full payment of the remaining balance or forfeiting membership. No refunds will be issued after this date. Ensure your request is submitted by the deadline to avoid termination. Enrollment is between November 1st and December 31st, with requests after this date reviewed case by case. All monthly payments must be completed before dues are fully paid. For questions or to update payment information, contact the Member Assistance Center at 800-342-8747, option 6.

Proceed to the Reverse Side →

Please return to the MDS by mail at Two Willow St., Ste 200, Southborough, MA 01745. For questions or changes concerning your account, please call the Member Assistance Center at 800-342-8747, option 6.

Authorization and Agreement:

By signing below, you acknowledge your responsibility to pay the total tripartite dues and assessments (American Dental Association (ADA), Massachusetts Dental Society (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 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.

Check Your Payment Method:

☐ **Checking Account** ☐ **Credit Card**

Checking Account:

Bank Name: _____

Bank Account Holder Name: _____

Bank Account Number: _____

ABA Routing # (checking only, 9 digits): _____

Account Type: ☐ Corporate* ☐ Personal

Credit Card:

Credit Card Account Type (VISA, Mastercard, American Express): _____

Credit Card Account Holder Name: _____

Credit Card Number: _____ CVC: _____

Exp. Date: _____ / _____

Account Type: ☐ Corporate* ☐ Personal

Credit Card Billing Address:

City: _____ State: _____ Zip: _____

Signature:

Cardholder Signature:
(If different from member)

Print Name:

Date:

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

**Corporate account payments cannot be accepted for MDS-PAC or ADPAC contributions. If you wish to contribute to the MDS-PAC or ADPAC, please use a personal account only.*

Please note: You can also update your credit card information by phone. Please call the Member Assistance Center at 800.342.8747 and select option six.

Please DO NOT email the completed form. PCI DSS requirement 4.2 states that credit card information must not be captured, transmitted, or stored via email.