



OHIO-INDIANA COUNCIL PDCA AUTOPAY INSTALLMENT AGREEMENT

Please complete & mail to Ohio-Indiana Council PDCA, 7550 Lucerne Drive #301,
Middleburg Heights, OH 44130, or Fax to 440.274.4444. Questions, call 440.274.4200.

Member Information (please print)

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Phone: (____) _____ Phone: (____) _____
(Home) (Work) (Cell)
Email: _____

Your monthly/annual payment(s) will be governed by your membership type. By signing this Agreement, you agree to all the terms in this Agreement.

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 or annually (check one option below).

MONTHLY: You agree to pay an initial down payment of 1/12th of your annual membership dues plus a \$5.00 per month service charge beginning December 1st, with payments of 1/12th of your annual membership dues plus \$5.00 per month service charge payable for a minimum of 11 months.

ANNUALLY: You agree to pay your total annual membership dues at the time you sign this Agreement. Credit card processing fee is \$5.00.

2. AUTHORIZATION. (a) The above agreed fee will be debited on the 1st day of each period agreed to above (each, a "Transfer Date"), from the following credit card:

VISA MASTERCARD AMERICAN EXPRESS

Card No: Exp. Date: _____ / _____

Name on Card (please print) : _____ Billing Zip Code: _____

(b) By signing this Agreement, you authorize the Ohio-Indiana Council of 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. PDCA may charge you a \$15 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 until PDCA has received notice of termination of this Autopay Installment Agreement 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: _____