



## ASLA Membership Monthly Dues Payment by Credit Card

636 Eye Street, NW • Washington DC • 20001 • Ph. 202-898-2444 • Fax. 202-898-1185

Why?

- Because it's convenient and automatic.
- Because it spreads your dues balance over 12 easy installments.
- Because it's a free benefit to you.

How?

- Complete and send this form ASLA. **The monthly payment plan is only available to Full, Associate and Affiliate members. Minimum dues amount for this program is \$150.00.**
- Monthly installments equal to 1/12 of your total dues balance will be charged to your account on the 20<sup>th</sup> of each month—if this form is received **after** the beginning date of your membership period, the monthly installment will be calculated on the number of months remaining in the membership year.
- This monthly charge arrangement will be in effect for **one year only**.

### Authorization Agreement for Pre-Arranged Payments

I (we) hereby authorize the American Society of Landscape Architects, Inc. (ASLA) to initiate charges to my (our) credit card as indicated below.

*Please print below.*

**Select Credit Card:**    American Express    Discover    MasterCard    Visa

Full Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Security Code: \_\_\_\_\_

### **Please read carefully and sign below.**

This authority is to remain in full force and effect for one year. I have the right to have the amount of an erroneous charge immediately credited to my account by ASLA, provided I (we) send written notice of such charge entry in error to ASLA within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. I (or either of us) have the right to stop payment of a charge entry by written notification to ASLA at such time as to afford ASLA a reasonable opportunity to act on it prior to charging the account. I understand I will be invoiced for any unpaid dues. I further understand that there may be a **\$35.00** fee for all declined charges. Two declined notifications will result in termination of this process and I will be invoiced for any unpaid dues and fees.

Member's Name: \_\_\_\_\_  
(if different from card holder)

ASLA Member ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Card Holder's Signature: \_\_\_\_\_ Date : \_\_\_\_\_



## ASLA Membership Monthly Dues Payment by Direct Debit

636 Eye Street, NW • Washington DC • 20001 • Ph. 202-898-2444 • Fax. 202-898-1185

Only available for funds held in a U.S. Bank in U.S. Dollars

Why?

- Because it's convenient and automatic.
- Because it spreads your dues balance over 12 easy installments.
- Because it's a free benefit to you.

How?

- Complete and send this form with a voided check or bank specification letter to ASLA. **Do not send a deposit slip. Dues payment by direct debit is only an option for Full, Associate and Affiliate membership. Minimum dues amount for this program is \$150.00.**
- Monthly installments equal to 1/12 of your total dues balance will be deducted from your account on the 20<sup>th</sup> of each month—if this form is received **after** your membership period's beginning date, the monthly installment will be calculated on the number of months remaining in the membership year.
- This direct debit arrangement will be in effect for **one year only**.

Authorization Agreement for Pre-Arranged Payments (ACH Debits)  
**VOIDED CHECK (faxed or original) or bank specification letter is REQUIRED to begin process.**

I (we) hereby authorize the American Society of Landscape Architects, Inc. (ASLA) to initiate debit entries to my (our) checking or savings account as indicated below, and authorize the depository named below to debit the same to such account.

*Please print below.*

Bank Information      Account type:     Savings                       Checking

Account Holder's Name: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_      Account Number: \_\_\_\_\_  
(9 digit bank routing number)

**Please read carefully and sign below.**

This authority is to remain in full force and effect for one year. I have the right to have the amount of an erroneous debit immediately credited to my account by ASLA, provided I (we) send written notice of such debit entry in error to ASLA within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. I (or either of us) have the right to stop payment of a debit entry by written notification to ASLA at such time as to afford ASLA a reasonable opportunity to act on it prior to charging the account. I understand I will be invoiced for any unpaid dues. I further understand that there may be a **\$35.00** fee for all insufficient funds direct debit returns or returns for accounts closed without notification. Two insufficient fund notifications will result in termination of this process and I will be invoiced for any unpaid dues and fees.

Member's name: \_\_\_\_\_  
(if different from card holder)

ASLA Member ID: \_\_\_\_\_      Phone: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_      Date : \_\_\_\_\_

**\*\* DON'T FORGET TO INCLUDE A VOIDED CHECK \*\***