



Virginia Chiropractic Association
 PO Box 15, Afton, VA 22920
 Phone 540-932-3100
 Fax 540-932-3101
 vcacentral@hughes.net

"Unity in One Voice"

EZ-Pay Account Debit Program Participation Form

| VCA Membership Information | | | |
|--|-------------------------|-------------------------|-------|
| Name: _____ | | Practice/Co.: _____ | |
| Street: _____ | | City, State, Zip: _____ | |
| Phone: _____ | | Fax: _____ | |
| E-mail (VCA business only): _____ | | | |
| Membership Category/Annual Dues (Check One): | | | |
| ___ 1 st year after VA licensure | \$100 | ___ Retired DC | \$ 50 |
| ___ 2 nd year after VA licensure | \$250 | ___ Out of State DC | \$100 |
| ___ 3 rd year after VA licensure | \$350 | ___ Student | \$ 35 |
| ___ 4 th year and over | \$450 | ___ Allied Supplier | \$450 |
| ___ DC spouse | 50% of DC's annual rate | | |

| Payment Information (EZ-Pay Account Debit Program) | |
|---|--|
| <input type="checkbox"/> Checking <input type="checkbox"/> Quarterly or <input type="checkbox"/> Annual | |
| Bank Name: _____ Acct. #: _____ | |
| ABA Routing #: _____ [Remember to enclose a voided check] | |
| <input type="checkbox"/> Credit Card <input type="checkbox"/> Quarterly or <input type="checkbox"/> Annual <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover | |
| Acct. #: _____ Exp.: _____ | |
| 3 Digit Auth. # on Back of Card: _____ Name on Card: _____ | |
| Billing Address: _____ | |
| <p>I hereby authorize the Virginia Chiropractic Association to initiate on or about the 15th of the month preceding the appropriate membership quarter debit entries to my checking or credit card account as indicated above. I hereby authorize the depository institution named above to debit the same from my account. Said debits shall be for the amount of my quarterly or annual dues payments. I understand that the amount will be adjusted by VCA if I change my VCA membership classification or if any applied discount expires. This agreement will remain in effect unless I notify VCA in writing to cancel it.</p> | |
| Your Signature: _____ Date: _____ | |

**Simply fax the requested information to the VCA office at 540-932-3101 or
 mail it to VCA, PO Box 15, Afton, VA 22920.
 Questions? Call 540-932-3100 or email vcacentral@hughes.net.
 We look forward to serving you!**