



# 2023 Dues Payment Plan Policy and Agreement Form

Revised 12/12/2022

## POLICY

**A DUES PAYMENT PLAN IS A MEMBER PRIVILEGE AND IS REVOCABLE**

- Agreement Form: **Form must be completed, signed, dated and sent to CAADS with first payment**
- Installments: **Up to four (4) installments. Final payment must reach CAADS by JUNE 30**
- Restricted Use: **Plan NOT available to NEW MEMBERS JOINING AFTER MAY 31**, since the deadline for final payment is June 30, and dues are already pro-rated. *Sorry, not available to current / past members with history of late payment and/or payment which fails to clear.*
- Processing Fees: **\$20 PER INSTALLMENT**  
**Payments by CHECK:** From statement prepared by CAADS, per approved payment schedule  
**Payments by CREDIT CARD:** Automatically billed by CAADS to your Discover, MasterCard, Visa or American Express, per approved payment schedule
- Payment Deadlines: **PAYMENTS DUE by the 1<sup>st</sup> of the month.**  
**LATE after the 15<sup>th</sup> of the month. \$35 Late Fee after the 15<sup>th</sup>**  
**PAST DUE after the end of the month. Membership termination without notice**
- Reinstatement Fee: **\$50 administrative fee** if reinstating within 30 days of membership termination; otherwise, rejoining is not permitted prior to January 1, and Payment Plan privileges are revoked.
- Returned Check Fee: **\$50 per item fee.** After two (2) payments fail to clear, payment in full by cashier's check or money order is required, and Payment Plan privileges are permanently revoked.

## SCHEDULE

**PAYMENT TO CAADS BY:**  CHECK, MONTHLY OR  CREDIT CARD, CHARGED MONTHLY

2023 Annual Dues Rate: \$ \_\_\_\_\_ (Must match TOTAL Dues below)

<u>Date Payment Due</u>	<u>Dues Amount</u>	+	<u>Processing Fee</u>	=	<u>Installment Amount</u>
2023 – Apr 1	\$ _____	+	<b>\$ 20.00</b>	=	\$ _____
2023 – May 1	\$ _____	+	<b>\$ 20.00</b>	=	\$ _____
2023 – Jun 1	\$ _____	+	<b>\$ 20.00</b>	=	\$ _____
	\$ _____	+	\$ _____	=	\$ _____
	<b>TOTAL Dues</b>		<b>TOTAL Processing Fee</b>		<b>TOTAL Installment</b>

## AGREEMENT

**I agree to abide by the above Payment Plan Policy and Payment Schedule.**

Center/Organization \_\_\_\_\_

Member ID Number \_\_\_\_\_

Authorized Contact Name \_\_\_\_\_

( \_\_\_\_\_ )  
Area Code

Telephone Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_