

2025 Dues Payment Plan Policy and Agreement Form

Revised 10/02/2024

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 that 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 1st of the month.**
LATE after the 15th of the month. \$35 Late Fee after the 15th
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 before 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

2025 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>
2025 – Apr 1	\$_____	+	\$ 20.00	=	\$_____
2025 – May 1	\$_____	+	\$ 20.00	=	\$_____
2025 – Jun 1	\$_____	+	\$ 20.00	=	\$_____
	\$_____	+	\$_____	=	\$_____
	TOTAL Dues		TOTAL Processing Fee		TOTAL Installment

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 _____



CAADS

California Association for Adult Day Services

Remittance Slip

2025-01-10

Membership Dues Payment Amount: \$ _____
(For a Payment Plan, Enter the grand total to be collected as per the Pay Plan Agreement)

Facility Name/DBA: _____

☐ **Enclosed is the membership dues amount shown above (or the current amount due per the attached Pay Plan Agreement.)** *(Please make check payable to "CAADS")*

☐ **Charge membership dues amount shown above to my:**

☐ **MasterCard** (credit or debit card)

☐ **Visa** (credit or debit card)

☐ **Discover** (credit card)

Card Number: _____

Expiration Date: _____ **3 Digit Code:** _____

Cardholder Name: _____
(Please Print)

Cardholder Street Address: _____ **ZIP:** _____
(Please Print)

Authorized Signature: _____

Cardholder's Telephone Number: (_____) _____

☒ Please Return the Remittance Slip to:

CAADS

1107 9th Street, Suite 701

Sacramento, CA 95814-3610

Telephone: (916) 552-7400 ~ Fax: (866) 725-3123

◆ CAADS' Returned Check Fee is \$50.00 ◆

- ◆ Returned checks will be referred to the appropriate legal authorities.
- ◆ Checks without a number or account holder imprint will not be accepted for payment.
- ◆ If a charge card is declined, an alternative charge card may be submitted for verification, or a cashier's check or money order will be required for the request to be honored.
- ◆ It is your responsibility to ensure that sufficient funds are available for the transaction.

CAADS reserves the right to refuse service or membership privileges to any individual or company that writes a check that is returned for insufficient funds or whose credit/debit card is declined.