



2019 Dues Installment Program Authorization

Date	Member Number	Chapter Name
Name		
Email		

Agreement

I hereby request The American Institute of Architects to charge the credit/debit card listed below, in the frequency requested, for payment of my 2019 annual dues for membership in The American Institute of Architects.

This 2019 agreement will remain in effect until The American Institute of Architects receives a written notice of cancellation of my 2019 membership from me or my financial institution. I understand that I will remain responsible for payment of my 2019 membership dues to The American Institute of Architects should the account listed below for my payments become invalid during my payment schedule.

The AIA 2019 Dues Installment Program is offered in agreement with state and local chapters to individual members of The American Institute of Architects. The payment program is only for the 2019 membership dues. If you were enrolled in the 2018 payment program, you must have completed all 2018 installment payments before December 31, 2018, in order to participate in the 2019 program. You will need to re-enroll for your 2019 membership dues.

_____ **Member Signature (required)**
(Through your signature, you acknowledge and agree to all the statements and terms shown above.)

Account Information

I authorize The American Institute of Architects to make monthly withdrawal payments against the credit/debit card identified below, for the payment of my 2019 annual membership dues to The American Institute of Architects.

2019 Membership Dues: \$ _____ + \$40.00 service fee/ _____ Number of installments
(Enter your total national, state, and local membership dues amount here and number of installments. Service fee is divided by number of installment).

Monthly Installment Amount \$ _____
1st payment will be applied upon processing of agreement. Succeeding payments will be charged on approximately the last business day of each month until dues are paid in full or through June 30, 2019, whichever occurs first.

Please fill out the information that corresponds with your payment option:
 VISA American Express MasterCard Discover

Credit/Debit Card Number _____

Name of Card Holder _____

Signature _____

Exp. Date _____ (Expiration Date Year must be later than 6/30/19)

Available installments based on enrollment period:

- Enrollment between Oct 1 – Jan 31: Maximum of 6 installments
- Enrollment between Feb 1 – Feb 28: Maximum of 5 installments
- Enrollment between Mar 1 – Mar 31: Maximum of 4 installments
- Enrollment between Apr 1 – Apr 30: Maximum of 3 installments