



# ASLA Membership Dues Payment by Direct Debit Option B Form

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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 to ASLA. ***Dues payment by direct debit is only an option for Full, Associate and Affiliate membership.***
- 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 expires, the first debit payment will consist of the monthly installments accumulated after the due date.
- Simply fill out the form below, attach a voided check (for validation purposes only), and mail to ASLA (address below). ***Do not attach a deposit slip.***
- 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) 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.

Depository \_\_\_\_\_ Account type:  Savings  Checking

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 account. I understand I will be invoiced for any unpaid dues.

Name \_\_\_\_\_ Phone \_\_\_\_\_

ASLA Membership ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ASLA • 636 Eye Street, NW • Washington DC • 20001

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