

BANK DRAFT INFORMATION

The Bank Draft payment option allows you to break down your Society of FSP membership dues and Foundation contribution into monthly installments.

To take advantage of the Bank Draft option, simply follow these very simple instructions:

1. Void one of your checks or use a canceled check, and send it to Society of FSP with this Dues Invoice.
Please do not send a payment or deposit slip.
2. Sign the Authorization Agreement below.
3. Your monthly payment may be estimated by taking your adjusted total dues payment and Foundation contribution amount, divide by 12 (months).
4. You will receive a letter of confirmation.

PLEASE NOTE:

Our membership year runs October 1 **through** September 30.

If you are a renewing member and you elect to pay your dues by Bank Draft after October, the first draft will reflect the amount from October to your start date. After the initial draft, your monthly charge will level off to the amount determined in the calculation from step #3 above.

When a new membership year starts, you will receive notification of your monthly draft amount. Should you wish to discontinue the Bank Draft agreement, return that notification to Society of FSP and notify your bank.

Draft Date, on/or after the 20th of each month.

If you change bank accounts, please notify Society of FSP's Member Services Department at 1-800-392-6900 to obtain a new Authorization Agreement form.

Authorization Agreement for Preauthorized Bank Draft Payments for National and Chapter Dues, Section(s) Membership, and Foundation contribution.

I (we) hereby authorize the Society of Financial Service Professionals, hereinafter called Society of FSP, to initiate monthly debit entries to my (our) Checking account via the Automated Clearing House system. The monthly debit entries will be in accordance with Society of FSP's notice of National, Chapter, professional interest Section dues, and Foundation contributions and procedures for monthly preauthorization bank draft payment.

This authority is to remain in full force and effect until Society of FSP and the Member's bank have received written notification from me (or either of us) of its termination in such manner as to afford Society of FSP and the Member's Bank a reasonable opportunity to act on it.

Please enclose a copy of a void or canceled check for account number verification purposes.
DEPOSIT SLIP NOT ACCEPTABLE.

Signature _____
Depositor (member) _____ Date _____