



Virginia Chiropractic Association  
 PO Box 15, Afton, VA 22920  
 Phone 540-932-3100  
 Fax 540-932-3101  
 vcacentral@hughes.net

*"Unity in One Voice"*

## EZ-Pay Account Debit Program Participation Form

VCA Membership Information			
Name: _____		Practice/Co.: _____	
Street: _____		City, State, Zip: _____	
Phone: _____		Fax: _____	
E-mail (VCA business only): _____			
Membership Category/Annual Dues (Check One):			
___ 1 <sup>st</sup> year after VA licensure	\$100	___ Retired DC	\$ 50
___ 2 <sup>nd</sup> year after VA licensure	\$250	___ Out of State DC	\$100
___ 3 <sup>rd</sup> year after VA licensure	\$350	___ Student	\$ 35
___ 4 <sup>th</sup> year and over	\$450	___ Allied Supplier	\$450
___ DC spouse	50% of DC's annual rate		

Payment Information (EZ-Pay Account Debit Program)	
<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> Quarterly or <input type="checkbox"/> Annual	
Bank Name: _____ Acct. #: _____	
ABA Routing #: _____ [Remember to enclose a voided check]	
<input type="checkbox"/> <b>Credit Card</b> <input type="checkbox"/> Quarterly or <input type="checkbox"/> Annual <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover	
Acct. #: _____ Exp.: _____	
3 Digit Auth. # on Back of Card: _____ Name on Card: _____	
Billing Address: _____	
<p>I hereby authorize the Virginia Chiropractic Association to initiate on or about the 15<sup>th</sup> of the month preceding the appropriate membership quarter debit entries to my checking or credit card account as indicated above. I hereby authorize the depository institution named above to debit the same from my account. Said debits shall be for the amount of my quarterly or annual dues payments. I understand that the amount will be adjusted by VCA if I change my VCA membership classification or if any applied discount expires. This agreement will remain in effect unless I notify VCA in writing to cancel it.</p>	
Your Signature: _____ Date: _____	

**Simply fax the requested information to the VCA office at 540-932-3101 or  
 mail it to VCA, PO Box 15, Afton, VA 22920.  
 Questions? Call 540-932-3100 or email vcacentral@hughes.net.  
 We look forward to serving you!**