



Pay your membership in 3 equal installments. OTAC E-Z PAY PLAN FORM

PAYMENT SCHEDULE

Below is the OTAC E-Z Pay Plan installment schedules based on membership category.

By agreeing to the OTAC E-Z Pay Plan, you authorize the Occupational Therapy Association of California to charge your account in three equal installments including a small convenience processing fee for each installment (processing fee is included in the amounts below).

Check the appropriate box that matches your membership category.

- OT/L, OTR/L, OT (4011)**
1st installment: \$67
2nd installment: \$67
3rd installment: \$67
- OTA, OTA/L, COTA, COTA/L (4014)**
1st installment: \$50
2nd installment: \$50
3rd installment: \$50
- OT/OTA Student (full-time/part-time) (4015)**
1st installment: \$17
2nd installment: \$17
3rd installment: \$17
- OTR/L or COTA/L (in full-time graduate school) (4015)**
1st installment: \$39
2nd installment: \$39
3rd installment: \$39
- Retired (4016)**
1st installment: \$22
2nd installment: \$22
3rd installment: \$22
- Associate (4013)**
1st installment: \$54
2nd installment: \$54
3rd installment: \$54

STEP 1—Authorize your payments.

I, _____, authorize the Occupational Therapy Association of California to charge my AMEX MasterCard Visa in 3 equal installments based on the Payment Schedule.

This payment authorization is valid and to remain in effect unless I notify the Occupational Therapy Association of California of its cancellation by sending a 30-day written notice. All membership dues installments are nonrefundable.

If you received a member discount on an event, product or service, and you cancel your membership before it is paid in full, you will be invoiced for the difference between the member rate and the nonmember rate.

STEP 2—Complete your credit card information.

Card Number _____ Security Code* _____

Name of Cardholder _____ Expiration Date _____

Card Billing Address _____

City _____ State _____ Zip _____ Country _____

*Security Code is a 3 or 4 digit number on the back of your card following your card number (front of AMEX card).

STEP 3—Complete your contact information (you must complete all information below).

Name _____ Title _____

Company _____

Address _____

Business Telephone _____ Fax _____

Cell Phone _____ Email _____

STEP 4—Complete your authorization.

Signature _____ Date _____

STEP 5—Submit payment

Mail or fax this form to:
OTAC, P.O. Box 276567, Sacramento, CA 95827-6567 • (916) 567-7001 Fax

Questions? For more information contact OTAC Staff at (916) 567-7000 or staff@otaconline.org.