Authorization Agreement:

I authorize the New York State Dental Association (NYSDA), to initiate automated debits to my credit card. This authorization includes all adjusting entries, either debit or credit, that may be required.

I agree to pay all such Dues amounts owed and designated by me. If, for any reason, my credit card is revoked, suspended, halted by me or the credit card cannot be processed for any other reason, I remain responsible for paying the Dues installment owed directly to NYSDA on a timely basis. In the event a credit card payment cannot be processed, NYSDA is authorized to attempt to initiate the debit again at a later time. If, for any reason, a debit is repeatedly dishonored the NYSDA is not liable for any losses incurred by reason of any failure in the automated debit process. I understand I am responsible for any fees that may be imposed by my credit card issuer or bank. If my credit card cannot be processed on any two debit dates, the NYSDA may terminate the automated debits by giving me written notice first by email and second to primary street address as shown in NYSDA's records. My membership shall not be considered in good standing until all past Dues amounts owed are considered up to date.

I may terminate automated credit card debits by notifying the NYSDA by sending an email to membership@nysdental.org requesting the termination which will be effective by the end of business day of receipt by NYSDA. Following any termination of automated credit card debits by either NYSDA or me, I will be responsible for paying my remaining Dues in full, directly to the NYSDA.

No refunds will be provided for canceled memberships. By enrolling in a membership, I understand that a "membership year" spans a calendar year from January through December and not a 12-month period from the date of enrollment. This authorization shall be governed by and interpreted in accordance with the laws of the State of New York, without giving effect to any choice of law rule that would cause the application of the laws of any other jurisdiction to the rights and duties of either party.

Installment Payment Program Agreement:

If I elect to enroll in the installment payment program, I understand that for each membership year, defined as January through December, i.e. 2027 Renewal: if I enroll prior to January 9, 2027 the first payment will be made immediately and the second installment will be automatically processed on February 10, 2027. In any event, subsequent debits shall be made on the 10th day of each succeeding month through December of the membership year. Dues must be paid in full no later than December 30th of said year. In enrolling in the Installment Payment Program, I am thereby agreeing to the Electronic Dues Payment Program Authorization Agreement as detailed above.

Auto-Renew Payment Program Agreement:

By electing to enroll in the Auto Renew Payment Program in conjunction with installment payments, or as a once-per-year automatic payment of membership dues and/or voluntary dues items, I am thereby agreeing to allow an automatic renewal of my membership in future years. This includes the same terms and conditions as detailed above for the Electronic Dues Payment Program Authorization Agreement and Installment Payment Program Agreement (if enrolling in installments). In lieu of receiving a dues statement in future years, I understand I will receive an auto-renewal email providing information on next year's membership dues rates and/or voluntary items that I have elected to be enrolled in the Auto Renew Payment Program, and how I can change voluntary contributions or stop the auto renew feature.

I agree to provide notice of cancellation of the auto renew payment plan for the next membership year no later than December 30th of the preceding year by emailing membership@nysdental.org. For existing Full Pay auto-renewal plan the one-time payments will be processed on January 14, 2027. Otherwise, new enrollees will be processed immediately upon renewal.