

## NJSOP AUTOMATIC MONTHLY DUES PAYMENT AUTHORIZATION and PAC CONTRIBUTION FORM

Fax completed form to NJSOP at (609) 323-4014 or mail to:  
NJSOP 4 AAA Drive, Suite 204, Hamilton, NJ 08691

Check which apply: ☐ Auto-pay monthly Dues  
☐ Auto-pay monthly PAC contribution  
☐ Increase existing Auto-payment contributions to PAC by \$50

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby authorize the New Jersey Society of Optometric Physicians to automatically deduct the following monthly payment from the account listed below:

**The Auto Pay transaction happens on the 10<sup>th</sup> of month or the next business day**

### CREDIT CARD INFO:

Credit Card (circle one) VISA MASTERCARD AMERICAN EXPRESS

Account# \_\_\_\_\_ EXP DATE: \_\_\_\_\_

### PAYMENT OPTIONS: (check all that apply)

☐ Deduct the minimum monthly dues payment each month from the account designated above (new participant)

☐ Deduct PAC contribution in the amount of \$\_\_\_\_each month (new participant).

☐ Please charge \$\_\_\_\_\_one time only

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE: A \$50 administrative fee will be charged to auto-pay Dues and/or PAC accounts canceled within six months of sign up date.