



IIDA Headquarters - 222 Merchandise Mart, Suite 567, Chicago, IL 60654 -1104
Phone: 312.467.1950 **Toll free:** 888.799.IIDA **Fax:** 312.467.0779
Website: www.iida.org

EZ Pay Enrollment Form for New IIDA Members*
Automatic Debit – Credit Card

(* This form must be submitted along with your completed Membership application)

Name: _____ Member # _____
Please Print: LAST, FIRST

Please fill out this form and return to IIDA.

Your credit card will be processed for automatic debit.

You will be charged a one time \$20 non-refundable fee for joining the EZ Pay Program.

Your \$75 non-refundable application fee will be charged up-front and separately.

VISA MC AMEX O go dgtuj kr "V{ r g"aaaaaaaa _____

Credit Card # _____ Exp Date _____

Signature: _____ Date _____

By signing this form I authorize IIDA to charge my credit card on the 15th of each month until I notify them otherwise.

"

Return to the attention of the Billing Department<

*****534059; 0227"

*****Go to go dgtuj kr B hf c0ti ""