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

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

If you are enrolling AFTER January 15, 2012, your 1st payment processed will include any retroactive amounts for this Membership year.

Payments will be processed on the 15th of each month.

You will be charged a one time \$20 non-refundable fee for joining the EZ Pay program. This amount will be deducted during your 1st payment.

VISA MC AMEX Member Type _____

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.

Fax to the attention of the Accounting Department 312.379.5152 or 312.467.0779