



## 2017 Dues Installment Program Authorization

### Updated Payment Method Request

Date	Member Number	Chapter Name
Member Name		
E-Mail	Telephone	

### AGREEMENT

I hereby request The American Institute of Architects to charge the credit/debit card listed below, in the frequency requested, for payment of my 2017 annual dues for membership in The American Institute of Architects.

This 2017 agreement will remain in effect until The American Institute of Architects receives a written notice of cancellation of my 2017 membership from me or my financial institution.

I understand that I will remain responsible for payment of my 2017 membership dues to The American Institute of Architects should the account listed below for my payments become invalid during my payment schedule.

\_\_\_\_\_ Member Signature (required)

(Through your signature, you acknowledge and agree to all the statements and terms shown above.)

### UPDATED ACCOUNT INFORMATION

I authorize The American Institute of Architects to make monthly withdrawal payments against the account identified below, for the payment of my 2017 annual membership dues to The American Institute of Architects.

Please fill out the information that corresponds with your payment option.

Please specify card type (e.g. VISA, American Express, MasterCard, Discover)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Name of Card Holder	Signature
Credit / Debit Card Number	Exp. Date <b>EXP. DATE YEAR MUST BE LATER THAN 6/30/2017</b>

Return completed form to: Email: [aiapaymentplan@aia.org](mailto:aiapaymentplan@aia.org) | Fax: (202) 626-7547