

AUTO DRAFT PROGRAM

The TCA Auto Draft program has been established to automatically debit TCA members' credit cards or bank accounts. Please fill out the draft form below & fax it to TCA at 512-477-9296.

Name				LIC#		
Address				City		
StatePhone Email						
I (we) hereby authorize the Texas Chiropractic Association, hereinafter called TCA, to initiate debit						
entries to my bank account indicated below for \$ per month/quarter/annual (please circle). Please advise your distribution of funds below for dues and donation:						
TCA Dues \$TCA CDI (Donation for Legal/Advocacy) \$						
	Membership type	Month	Quarter	Annual		
	Regular	\$55	\$165	\$660		
	Premium	\$75	\$225	\$900		
	Elite	\$120	\$350	\$1400		
Bank Transit / ABA No Account # By signing below, you authorize TCA to debit your bank account as instructed above. This authority may be terminated upon thirty days' written notification of its termination from me (or either of us) to TCA. A customer has the right to stop payment of a debit entry by notification to BANK or CREDIT CARD prior to the charging account. If an erroneous debit entry is initiated by TCA to a customer's account, customer shall have the right to have the amount of such entry credited to such statement of account or a written notice pertaining to such entry, the customer shall have sent to BANK or CREDIT CARD a written notice identifying such entry, state in that such entry was in error and requesting BANK or CREDIT CARD the amount thereof to such account.						
Signature(s)			Date:			
□Consent given over phone. Consent given to (TCA Employee's Name):						

NOTE:

<u>TCA Chiropractic Development Fund (CDI)</u> contributions may or may not be tax deductible. Only a licensed Certified Public Accountant can advise you. Personal and corporate checks are acceptable.

 $\underline{\textit{TCA-PAC}}$ Contributions are NOT tax deductible and should be made with personal checks. Corporate checks are not acceptable other than from P.C.'s.