



Missouri Dental
ASSOCIATION

ACH Bank Draft Authorization Form

Name: _____

ADA #: _____

Type of Account: Checking Savings

Bank Name: _____

Name on Account: _____

Account Number: _____

Routing Number: _____

Authorization Statement:

By providing your signature below, you are authorizing the MDA to debit funds electronically from your account at the financial institution listed above, for the payment of annual membership dues, and in accordance with the transaction terms and conditions (available on modental.org/renew).

Member Signature

Date

To process your ACH Payment, please return:

1. Completed **ACH Authorization Form**
2. Copy of a **Voided Check** with bank account/routing number to process the payment
3. Completed **Membership Dues Statement**

Send to the MDA Executive Office:

Mail to 3340 American Ave, Jefferson City MO 65109
Email to info@modental.org
Fax to 573-635-0764