

Automated Installment Plan (AIP) Enrollment Form

Save Time with AIP

Now New York State Bar Association (NYSBA) members can save time with direct dues payment. An alternative to writing checks and mailing your membership dues, with AIP you can authorize NYSBA to withdraw payments electronically from your checking, savings, or credit card account. Go to www.nysba.org/AIP for more information. You can conveniently sign up for AIP on the enrollment form below. It's safe, easy and convenient!

Member Information

Name: _____ NYSBA Membership ID #: _____

Address: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail: _____

1 Full Payment 2 Payments 3 Payments 4 Payments

Option 1

AIP — Credit/Debit Card Authorization

Credit Card AMEX DISC MC VISA

Credit Card Number:

Exp. Date: /

Authorized Signature: _____

Option 2

AIP — Bank Account Authorization: US banks only

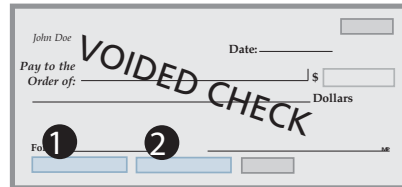
Bank Name: _____

Account Type:

Checking (enclose voided check) Savings

Bank Routing Number:

Account Number:



① Bank Routing Number

② Account Number

Please include a voided check with your AIP Enrollment Form if you want your payment debited from your checking account.

AUTOMATED INSTALLMENT PLAN (AIP) ENROLLMENT AUTHORIZATION I hereby authorize NYSBA to instruct my financial institution to deduct directly from my account the amount necessary for my annual membership, per the payment schedule selected above: 1 payment, 2 payments, 3 payments or 4 payments on or about the 25th of the relative month(s). All installment payments must be completed by June 30, 2010. Those opting into the installment payment program in March, April, May or June may have their payments consolidated and accelerated to meet this requirement. NYSBA dues are on a calendar year basis and are billed in October. By selecting the AIP method **I understand this agreement will remain in effect for future membership years, unless I request cancellation in writing to:** NYSBA, Dues Processing, One Elk Street, Albany, NY 12207.

Total to be debited: \$.

Signature: _____ Date: _____

8/09

Please return this form to: NYSBA, Membership Services, One Elk Street, Albany, NY 12207