NEW YORK STATE BAR ASSOCIATION

# Automated Installment Plan (AIP) Account Change Request Form

**I hereby request that the following change(s) be made to my current AIP account:**

**Preferred number of installments:** ❑ **1** Full Payment ❑ **2** Payments ❑ **3** Payments ❑ **4** Payments

*(Please see Note under Bill Date if selecting 2, 3 or 4 payments)*

## New account information:

❑ Credit Card ☐ AMEX ☐ DISC ☐ MC ☐ VISA

New Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐/☐☐

## Add/Remove the following Section(s): _____

_____

_____

_____

## Bill Date:

*AIP payments begin on or about the 25th of the relative month(s), for up to four consecutive months. By electing to defer my payments, I understand that changes to the bill date will be effective for this year only, and will return to the default setting for future membership years unless a change is requested after September 1. Note: Membership will remain active if payments extend beyond December 31st, but ID cards will not be issued until the final payment has been completed.*

**Please defer billing (for this membership year only), to begin in:** ❑ November ❑ December

## Member Information:

Name: _____ NYSBA Membership ID #: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____

**Mail or Fax completed form to:** NYSBA Customer Service Center, One Elk Street, Albany, NY 12207
Fax: 518.487.5758. *Please allow at least 5 business days for processing.*