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, State Bar Service Center, One Elk Street, Albany, NY 12207
Fax: 518.463.5993. *Please allow at least 5 business days for processing.*