

MTAR 2019 Payment Plan Processing Form

Members Name _____
 NRDS Number _____
 License Number _____
 Current Firm Name _____
 Contact Number _____
 Email Address _____

2019 Renewing Dues Amount	<u>\$555.00</u>	FIXED - Cannot Change
2019 RPAC (if you include)	_____	\$25.00 Suggested Fair Share
Sentrilock (if you include)	_____	Enter \$131.70
Processing Fee	<u>\$20.00</u>	FIXED - Cannot Change
Total Amount Due	_____	

	Date to Run	Amount
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January (no later than 01/15/19)	_____	_____
Total Amount to Process	_____	_____

Credit Card Number _____
 Expiration Date _____ V-Code _____
 # Portion of Billing Address Only _____ Zip Code _____

I have read and understand the policies and procedures regarding the "2019 MTAR Dues Payment Plan Agreement", and will abide to the terms and conditions, which includes the processing of the credit/debit card as specified above.

Member's Signature _____ Date _____
 MTAR Representative _____ Date _____