

MTAR 2020 Payment Plan Processing Form

Members Name \_\_\_\_\_  
 NRDS Number \_\_\_\_\_  
 License Number \_\_\_\_\_  
 Current Firm Name \_\_\_\_\_  
 Contact Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

2020 Renewing Dues Amount     \$555.00     FIXED - Cannot Change  
 2020 RPAC                      \$25.00 Suggested Fair Share  
 Sentrilock (if applicable)                      Enter \$131.70  
 Processing Fee     \$20.00     FIXED - Cannot Change  
 Total Amount Due                     

	Date to Run	Amount
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January (no later than 01/15/20)	_____	_____
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 "2020 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 \_\_\_\_\_