



**INDEPENDENT
POOL & SPA
SERVICE ASSOCIATION, INC.**

IPSSA MANAGEMENT COMPANY
P.O. BOX 1617
ROCKLIN, CA 95677-7617
888-391-6012
888-391-6203 (FAX)
membership@ipssa.com
www.ipssa.com

We now accept payment by Visa, MasterCard or Discover one time only or recurring payments

(Rev. 12/21/16)

- With your authorization, IPSSA can automatically debit your credit card for your monthly dues and fees owed to IPSSA. Initial either that you would like a one time only debit or recurring monthly debits.
- The debit will be made on the 10th of each month or on the first business day after the 10th if it falls on a holiday or weekend.
- If your card is declined you will be subject to late fees after the 15th of the month.
- All you need to do is fill out the form below and return this sheet to:

IPSSA Management Company
P.O. Box 1617
Rocklin CA 95677
888-391-6203 – FAX

- If you have any questions, please contact the IPSSA Management Company office at 888-391-6012.

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|---|------|--------------------------------------|----------|
| Type of Credit Card (Circle One) | VISA | MasterCard | Discover |
| Card Number | | | |
| Expiration | | CRV (3-digit code from back of card) | |
| IPSSA Member # | | Phone # | |
| Print Name exactly as it appears on Credit Card | | | |
| Billing Address for Credit Card | | | |
| Is this a <input type="checkbox"/> Business Card <input type="checkbox"/> Personal Card (check one) | | | |
| Initial either box A for a one time only debit or box B for recurring monthly debits. | | | |
| A) I hereby, authorize IPSSA to deduct the monthly dues and/or fees for my membership from the above credit card <u>one time only</u> . _____ Initial | | | |
| B) I hereby, authorize IPSSA to deduct the monthly dues and/or fees for my membership from the above credit card on a <u>recurring monthly basis</u> . This Authorization is to remain in full force and effect until IPSSA has received written notification from me of its termination in such time and in such manner as to afford IPSSA reasonable opportunity to act on it. _____ Initial | | | |
| Signature | | Date | |

All fields on this form are required to be filled out. Incomplete forms will be returned unprocessed.