



# MONTHLY PAYMENT AGREEMENT U.S. ACTIVE MEMBERSHIP

**RENEWAL** AERA ID# \_\_\_\_\_  **NEW MEMBER** AERA will assign ID # \_\_\_\_\_

Date \_\_\_\_\_ Contact Person \_\_\_\_\_

Business Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>DUES: Number of shop personnel</b>	<b>PROSIS PRO</b>
<input type="checkbox"/> 1 - 3..... \$38.33 / month	<input type="checkbox"/> Single User ..... \$44.17 / month
<input type="checkbox"/> 4 - 8..... \$47.50 / month	<input type="checkbox"/> Group (2-10 users)..... \$54.17 / month
<input type="checkbox"/> 9 - 24..... \$65.83 / month	<input type="checkbox"/> Enterprise (11+ users) ..... \$62.50 / month
<input type="checkbox"/> 25 or more ..... \$75.00 / month	

**NOTE: Must have an AERA membership to subscribe to PROSIS PRO.**

## THE MONTHLY PAYMENT WILL BE THROUGH A BANK ACCOUNT OR CREDIT CARD, PLEASE SELECT ONE.

**BANK ACCOUNT** (Please print; all fields are required!)

BANK NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_  BUSINESS  PERSONAL

ACCOUNT NUMBER \_\_\_\_\_  CHECKING  SAVINGS

NAME ON THE ACCOUNT \_\_\_\_\_

ACCOUNT ADDRESS \_\_\_\_\_

**CREDIT CARD** (Please print; all fields are required!)

TYPE OF CARD  VISA  MasterCard  American Express  Discover

CARD NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

CARD BILLING ADDRESS \_\_\_\_\_

By signing this agreement, the bank account owner or cardholder agrees to this payment for a minimum of 12 months. The monthly payment plan is an automatic renewal unless you contact AERA to cancel within 30 days of the renewal date.

If, during the monthly payment plan, your payment is declined and AERA is unable to process it further, AERA holds the right to cancel the payment plan and discontinue services. The member signing the agreement guarantees that the account will have adequate funds each month and is responsible for any fees associated with insufficient funds, including any that AERA may incur.

**The monthly payment plan is a non-refundable fee. AERA does NOT add any additional fees to the payment.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Fax back to 888-329-2372 or 815-526-7601 or email: karen@aera.org**

**Mail to:** AERA, 875 Feinberg Court, Suite 106, Cary, IL 60013 USA.  
Call us toll-free 888-326-2372 (or 815-526-7600) with any questions.