



Tired of Writing Checks?

Pay your membership dues automatically from an account.

The Pennsylvania Food Merchants Association is pleased to offer an **auto dues program** that allows you to have your annual PFMA membership dues automatically paid each year from your PCRS (Pennsylvania Coupon Redemption Service) coupon payment, deducted from your bank account or your MEMO (Merchants Express Money Order Company, Inc.) account, or charged to your credit card.

How does the program work?

Choose to have your dues paid from your PCRS coupon shipments and PFMA will deduct the amount of your annual membership dues from the money paid to you through your normal coupon remittance check. Or, choose to have your dues deducted from your bank account, your MEMO account, or charged to your credit card. You will receive an annual invoice notifying you of the draft date and account number. PFMA will draft your account each year.

How much are my dues?

PFMA membership dues are based on your reported total annual sales volume for ALL stores in Pennsylvania and is up for renewal during the month in which you joined the association.

How do I sign up?

Once you have signed up, we will take care of the rest. **As a thank you, PFMA will give you TWO FREE MONTHS of membership.** Simply complete and sign the authorization form below and return it to:

**PFMA Membership Department
P.O. Box 870, Camp Hill, PA 17001-0870
or fax it to: 717-731-5472**

Automatic Dues Payment

Store Name _____ PFMA Member ID# _____

Store Address _____

Telephone _____ Email _____

Payment Options:

- Debit Bank Account (EFT authorization required) Debit MEMO Account Deduct from PCRS coupon payment
 Pay by Credit Card: Visa MasterCard AMEX Discover

Name as it appears on the card _____

Credit Card # _____ Exp. Date _____

Authorized Signature _____

- I authorize PFMA to renew my membership annually and to process my membership dues through the payment method selected above.

**PENNSYLVANIA FOOD MERCHANTS ASSOCIATION
PA CONVENIENCE STORE COUNCIL**

ELECTRONIC FUNDS TRANSFER SERVICE AGREEMENT

New

Change

1. Complete and sign the authorization form below, and send it to us with a **voided check** or **deposit slip** of the bank account you wish to use. (the account number must be provided on the deposit slip) This allows us to obtain the accurate information we need to start the service for you.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

2. Be sure to note in your financial records the dollar amount that will be deducted from the bank account.

Retailer/Agent Number	Title on Bank Account	
Bank Name	Branch Address	
City	State	Zip
Routing/Transit Number	Checking/Savings Account Number	
Effective Date (If Changing Account) 7 to 10 days must be allowed for processing		

PENNSYLVANIA FOOD MERCHANTS ASSOCIATION (PFMA), PA CONVENIENCE STORE COUNCIL, INC. (PCSC) both Pennsylvania Corporations:

As a convenience to me, I hereby request and authorize PFMA/PCSC to draw electronic debits on my checking/savings account maintained at the above named depository for the payment of current and annual membership dues. Note: When indicated on the Retail Membership Application, Merchants Express Money Order Company, Inc (MEMO) will draft the PFMA annual dues from the MEMO account.

I agree that:

An electronic debit shall be drawn (as per Retail/Associate Membership Application and applicable Rules relating to corporate trade payment entries on the National Automated Clearing House Association and its related member associations (The "Rules") to cover current and future membership dues.

PFMA/PCSC shall incur no liability by reason of any such electronic debit being dishonored. If the automated debit entry is returned or dishonored, PFMA/PCSC may assess a charge of \$25.00 (subject to increase); provided however that PFMA/PCSC will not charge or collect more than is allowed by law at the time to collect from this Trustee.

This plan shall continue in effect unless and until terminated by me, by the above named bank, or by PFMA/PCSC.

Full disclosure concerning electronic fund transactions, error resolutions, and stop payments will be made to me by my financial institution.

PENNSYLVANIA FOOD MERCHANTS ASSOCIATION
PA CONVENIENCE STORE COUNCIL

Corporate/Store Name _____

By _____

Signature _____

Title _____

Title _____

Date _____

Date _____

RETURN TO PFMA MEMBERSHIP DEPT: FAX (717) 731 – 5472 or email to www.pfma.org