

# MEMBERSHIP INFORMATION FORM



Membership Year  
**July 1, 2016 – June 30, 2017**

Dues: \$40 per month for each licensed home

## Provider Contact Information

AFH Name	DSHS License #	
Name on License	Title:	
AFH Address	City	Zip
Mailing Address	City	Zip
Phone	Fax	
Email Address	Cell	
Website Address		

Please choose one payment option below:

*Note: partial or prorated payments cannot be accepted*

- I would like use the automatic payment plan @ \$40 per month per license (use the reverse side of this form)
- I authorize the ProviderOne payment system to deduct my Adult Family Home Council Dues at the rate of \$40 per month, per license. Please provide your 9 Digit ProviderOne ID#: \_\_\_\_\_
- I will pay my full membership fee of \$480 with a Credit Card Online at [www.adultfamilyhomecouncil.org](http://www.adultfamilyhomecouncil.org)
- Enclosed is my check for membership in the amount of \$480.00 to: Adult Family Home Council

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cancellation Policy:** If you wish to cancel your ProviderOne dues deduction, please send an email or written notice to the Adult Family Home Council at 523 Pear Street SE, Olympia, WA 98501, or by email at: [info@adultfamilyhomecouncil.org](mailto:info@adultfamilyhomecouncil.org)

*The Adult Family Home Council has estimated 25% of the dues payment is not deductible as a business expense because of lobbying/political activities on behalf of its members.*

### For Office Use ONLY

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Membership Year \_\_\_\_\_ Membership Number \_\_\_\_\_

Mail this form with your payment to:

**Adult Family Home Council: 523 Pear St SE, Olympia, WA 98501**  
or send it by fax to: (360) 943-6653

Please visit our Website at [www.adultfamilyhomecouncil.org](http://www.adultfamilyhomecouncil.org)

# Bank Withdrawal (ACH) Authorization Agreement

- ACH payments are monthly payments withdrawn directly from your checking account.
- ACH Debits will be completed monthly for the amount of \$40 per license ONLY.
- ACH Debits will continue until you request in writing that the payments be stopped.



AFH Name:		Provider Name:	
Street Address:			
City:	State:	Zip Code:	
E-mail:			
Phone:	Email for person listed above:		
Fax:	AFH License No:		

## **PLEASE ATTACH A VOIDED CHECK**

We Cannot Complete an ACH without a copy of a voided Check.  
Credit or Debits cards are **NOT** accepted.

**ACH Payments are fixed at \$40.00 per month per license.**

Please Begin my ACH Payments in the Following Month: \_\_\_\_\_

**Note: Transactions occur on the 10th day of each month.** If the date of the ACH transaction occurs on a weekend or holiday, the transaction will occur the following business day.

### **Authorization**

I hereby authorize and request Adult Family Home Council to withdraw funds from my account at the bank indicated. Funds need to be available at the designated bank on the evening prior to the effective date of the ACH withdrawal. In the event of an error, I authorize Adult Family Home Council to take any and all action required to correct the error. I must notify Adult Family Home Council in writing if I would like to make any changes or to cancel the authorization.

I agree to indemnify and hold Adult Family Home Council harmless from all costs, including attorney's fees (to the extent permitted by law), damage or claims related to Adult Family Home Council action in refusing payment of the item, including claims of any joint account-holder, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by me.

By signing below, I certify that the information I have provided on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.

### **ACH Cancellation Policy**

If you wish to cancel a previously scheduled withdrawal from your account, please send an email or written notice to the Adult Family Home Council at: 523 Pear Street SE, Olympia, WA 98501, or by email at: [info@adultfamilyhomecouncil.org](mailto:info@adultfamilyhomecouncil.org)

Print Name:	Signature:	Date:	
<b>FOR ADULT FAMILY HOME COUNCIL USE ONLY</b>			
Initiated by (initials):	Date:	Discontinued by (initials):	Date:

You can return this form by Fax: (360) 943-6653  
or Mail: Adult Family Home Council, 523 Pear St SE, Olympia WA 98501