



ARIZONA COUNSELING ASSOCIATION
REFRESH, RECHARGE, & RECONNECT RETREAT
MONTHLY PAYMENT PLAN FORM

MONTHLY PAYMENT PLAN

I Want to Participate in the Payment Plan and Agree to and Authorize Monthly Automatic Processing of my Payment Method.

The total amount due will be divided into equal payments based on your registration date with the final payment being in June 2022. Payment will be automatically processed on your credit card through our secure, automated service.

PAYMENT CONTACT INFORMATION (Please print so information is easily legible).

FIRST NAME:
LAST NAME:

REGISTRATION TYPE

- MENTAL HEALTH PROFESSIONAL (\$890.00)
MENTAL HEALTH PROFESSIONAL + GUEST (\$1,440.00)
MEMBER SHARE (\$690)

MONTH OF START DATE

(Initial next to the month you are registering in)

- August 2021
September 2021
October 2021
November 2021
December 2021
January 2022
February 2022
March 2022
April 2022
May 2022

PAYMENT INFORMATION

TOTAL AMOUNT DUE: \$890.00 \$1,440.00 \$690.00

AzCA
Tax ID # 464084436

Monthly, please bill my: VISA MC AMEX DISC

Credit Card Number: Exp. Date:

CC Street Address & ZIP:

CC Security Code (on back of card):

Authorized Signature:

Arizona Counseling Association