

# OAVT Group Payment Form



This form is to be used by a company or organization wishing to pay for several OAVT membership renewals in one lump payment.

## Instructions

1. All members must complete their individual online renewal through the OAVT Member Portal prior to submitting this form. (See: *Online Member Renewal*)
2. Each member can provide the company or organization with a copy of their renewal invoice.
3. On the form, enter the pertinent contact information for the company or organization and individual completing the payment form.
4. List each invoice and associated details in the Invoice Information table.
5. Select your payment type and provide the necessary information.
6. Fax the completed form to 519-836-3638

**Payments that are not processed online by credit card are considered offline payments. Processing time for offline payments is 14 business days.**

## *Online Member Renewal*

Prior to processing group payments, each member of the group must have completed their payment online through the OAVT Member Portal.

### Member Instructions

1. Log into your OAVT member account.
2. Click on Membership Renewal.
3. Click Start Renewal and review all questions and declarations.
4. On the payment page, select “Cheque” as your payment type. This selection will permit you to complete the online process and access your renewal invoice.
5. Provide a copy of your renewal invoice to your company or organization.

## *Request for Reduction in Dues*

Any request for a reduction in dues must be submitted online prior to renewing a membership. Request forms can be found in the OAVT member portal. For specific eligibility requirements, please refer to the [OAVT Bylaws](#).

If you have any question, contact:

Verna Miedema, Finance Manager | [verna@oavt.org](mailto:verna@oavt.org) or 519 836-4910 x226

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## Company / Organization Information

Company / Organization Name					
Address					
City		Province		Postal Code	

## Contact Information

First Name		Last Name	
Email			
Phone Number		Alternate Number	

## Invoice Information

Invoice Number	Member Name	Invoice Date	Invoice Total
Total Amount to be Paid			\$

## Payment Information

Payment Type (select one):

MasterCard
  Visa
  American Express
  Cheque: # \_\_\_\_\_

Receipt Confirmation:
  Email (Digital copy)
  Mail (Hard copy)

Card Number																	
Security Code <i>(3 digits on back)</i>						Expiry Date <i>(MM/YY)</i>											
Cardholder Name																	
Cardholder Signature <i>Required for processing</i>																	

**Fax completed form to 519-836-3638**

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