

Paying Invoices Online

Updated December 2024

Sign in to the **Member Portal** and click on **Invoices**.

Radia Participante	COLLEGE OF DENTURISTS OF ONTARIO		Q	Signed in as	•		
My Account	Compliance Centre	Annual Renewal	My CPD	e-Learning Library	Forms		
Member Port Welcom	e						
습 Welcom	e	Greetings fr	om Co	ollege of			
္က My Profil	e						
Invoices		This Member Portal is membership information	s your persettion where	onalized view of yo you can access all	ur your		
l 颌 My Setti	ngs	information in one pla status, and renewals.	ace, includii	ng your profile, mer	mbership		
		Click on the button be	elow to viev	v a brief tour of this	s new portal.		
		• Watch the new CDO Portal tour					

Locate the unpaid invoice (usually it will be the first one under **Outstanding Invoices**) and click on the Invoice Number to view the Unpaid or Part Paid invoice.

Member Portal Invoice	
ሰ Welcome	Outstanding Invoices Transaction History
ු My Profile	
🖃 Invoices	Invoice # - \$1,921.00 (Part Paid)
钧 My Settings	





Click on **Pay Now** at the top of the page.

🕨 🖾 Pay Now 🛛 Pri	nt Invoice Print Transaction/Recei	ipt 👻
	If paying by cheque, please make your cheque payable to College of To ensure proper credit to your account, be sure to include your Invoic HST 107442584RT0001	of Denturists of Ontario. e# 16339 on your cheque.
	THANK YOU	
	COLLEGE OF DENTURISTS OF ONTARIO	
INVOICE		INVOICE NO: DATE:
College of Denturists of	Ontario	DOE: ON Rece
College of Denturists of 0 365 Bloor Street East Su	Ontario ite 1606	
College of Denturists of 365 Bloor Street East Sui Toronto, ON, M4W 3L4 (416) 925-6331	Ontario ite 1606	DUE: ON Rede

Enter your Visa or Mastercard payment information and click on **Pay Now**.

For installments or partial payments, you can edit the total dollar amount required according to your payment schedule or installment before clicking Pay Now.

ECURE ONLINE PAYMENT FOR INVOICES #							
⊖ s This is a sec	ecure cred ure 256-bit	lit card p SSL end	ayment rypted	t payment			VERIFIED & SECUR
Credit Card Number : *						VISA 📷	
Card Validation Code (final group of numbers rinted on the back signature panel of the card)*							
Expiration Month / Expiration Year : *	01	~	/	2024	~		
Card Holder Name : *							
Email : *							
Phone : *							
ILLING ADDRESS							
Address Line 1 *							
Address Line 2							
City *							
Country *	Canada				~		
Province/State *					~		
Postal/Zip *							
Renewal Fees - \$1,700.00 Active Full Payment (plus tax):	\$1,700.00	1					
HST on \$1,700.00:	\$221.00						
Total Unpaid:	\$960.50						
Total:	960.50						
	Pay Nov	w Ca	ncel				

Questions?

If you have any questions, please contact the College of Denturists of Ontario at 416-925-6331 ext. 223 or <u>registration@denturists-cdo.com</u>.