

**CREDIT CARD AUTHORIZATION FORM
ADDITIONAL PREMIUM PAYMENT OPTION**



14605 Avion Parkway
Chantilly VA 20151
1-800-336-0100 FAX 703-968-6423
www.militarybenefit.org

Member/Applicant Name as it appears on card (please print):		Member MIN/SSN
Personal email address:		Home Phone Number: Alt/Cell Phone Number:
Billing Address:		
City:	State:	Zip Code:
I authorize Military Benefit Association to charge my:		
Select type of card: <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover		
Card Number:		Expiration Date:
<i>(Select One Payment Option:) See premium table to compute payment amount.</i>		
Quarterly Payment \$ <input type="text"/>	Semi-Annual Payment \$ <input type="text"/>	Annual Payment \$ <input type="text"/>
<i>(Monthly Premium X 3)</i>	<i>(Monthly Premium X 6)</i>	<i>(Monthly Premium X 12)</i>
Please charge my card automatically for recurring payments.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(You will not be billed for future payments, they will be deducted automatically)</i>		
I request immediate coverage FOLLOWING APPROVAL and authorize the first deduction on that date.		<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE:		DATE:
Agent Information (if applicable):		
FU Signature: _____		
FU Name: _____		
FU Code #: _____		
Agency/Marketing Director Code: _____		
Agency Telephone Number: _____		

PLEASE RETAIN A COPY FOR YOUR RECORDS