



MBA
Military Benefit Association

14605 Avion Parkway
Chantilly VA 20151
1-800-336-0100

CREDIT AND DEBIT CARD AUTHORIZATION FORM

Member/Applicant Name as it appears on card (please print):		
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:
(Select One Payment Option:)		See premium table to compute payment amount.
Quarterly Payment \$	<input type="text"/>	Semi-Annual Payment \$ <input type="text"/> Annual Payment \$ <input type="text"/>
(Monthly Premium X 3)	(Monthly Premium X 6)	(Monthly Premium X 12)
Please charge my card automatically for recurring payments.		<input type="checkbox"/> YES <input type="checkbox"/> NO
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:	_____	