



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: [ ] VISA [ ] Master Card [ ] Discover
Card Number: Expiration Date:
(Select One Payment Option:) See premium table to compute payment amount.
Quarterly Payment \$ [ ] Semi-Annual Payment \$ [ ] Annual Payment \$ [ ]
(Monthly Premium X 3) (Monthly Premium X 6) (Monthly Premium X 12)
Please charge my card automatically for recurring payments. YES NO
(You will not be billed for future payments, they will be deducted automatically)
I request immediate coverage FOLLOWING APPROVAL and authorize the first deduction on that date. YES NO
SIGNATURE: DATE:
Agent Information (if applicable):
FU Signature:
FU Name:
FU Code #
Agency/Marketing Director Code:
Agency Telephone Number: