



**CREDIT CARD AUTHORIZATION FORM
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 ID/SSN	
Personal email address:		Home Phone Number:	
		Alt/Cell Phone Number:	
Billing Address:			
City:		State:	Zip Code:
<p>I authorize Military Benefit Association to charge my:</p> <p>Select type of card: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover</p>			
Card Number:		Expiration Date:	CVV:
<p><i>(Select One Payment Option:)</i> <i>See premium table to compute payment amount.</i></p> <p> Quarterly Payment \$ <input style="width: 60px;" type="text"/> Semi-Annual Payment \$ <input style="width: 60px;" type="text"/> Annual Payment \$ <input style="width: 60px;" type="text"/> </p> <p> <i>(Monthly Premium X 3)</i> <i>(Monthly Premium X 6)</i> <i>(Monthly Premium X 12)</i> </p>			
<p>Please charge my card automatically for recurring payments.</p> <p><u>(You will not be billed for future payments, they will be deducted automatically)</u></p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> YES NO </div> <p>I hereby authorize Military Benefit Association to initiate charges to the credit card indicated above. These charges will be for the amount(s) of my monthly premium payments at the regular rates applicable to these premiums. It is understood that the amounts of these debits will be adjusted by MBA in accordance with any applicable premium increases or decreases.</p> <p>My premium is due and payable on the first of the month. I agree that if any such debit is dishonored, whether with or without cause and whether intentionally or unintentionally, MBA and the depository institution shall be under no liability whatsoever even if termination of insurance results. This agreement is to remain in full force and effect until MBA has terminated it upon 60 days notice to me, or received notification from me of its termination in such time and manner as to afford MBA a reasonable opportunity to act on it.</p>			
SIGNATURE:		DATE:	

PLEASE RETAIN A COPY FOR YOUR RECORDS