

# VBA Occupational Accident PAYMENT FORM



☒ **PLAN B \$151.00\***  
per month / per person

*\*Includes a \$10.00 monthly administration fee. If paying by credit card—Add \$3.00 monthly to above rates.*

<b>PAYMENT OPTIONS:</b>		<input type="checkbox"/> Monthly Bank Draft (include voided check)		<input type="checkbox"/> Automatic Credit Card Draft	
VBA Authorization to honor checks, share drafts or account debits: Billing will be 10 days before due date.					
Depositor Name (as it appears on bank records):					
Account #:		Routing/Transit #:		Bank Name:	
Address:		City:		State:	Zip:
<input type="checkbox"/> Visa	Card No:			EXP DATE:	SEC CODE:
<input type="checkbox"/> MasterCard				_____	_____
<small>As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representative for membership, benefits and or insurance premiums.</small>					
<small>I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance benefits or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation; unless you end it earlier.</small>					
Member Signature:				Date:	
Additional Signature (if joint account):				Date:	