VALUE BENEFITS of AMERICA ENROLLMENT FORM

Including 24 Hour Accident Benefits

Discounted Bank Draft Rates

✓**Check One:**

❑	**BASIC**	**$34.95***	***per Month (Individual or Family)***
❑	**BASIC PLUS**	**$44.95***	***per Month (Individual or Family)***
❑	**BASIC PREMIER**	**$54.95***	***per Month (Individual or Family)***
❑	**PREMIER**	**$64.95***	***per Month (Individual or Family)***

If paying by credit card - add $3.00 monthly to above rates

**Includes a $9.95 monthly administration fee*

NO ENROLLMENT FEE!

MEMBER **Required*

* Last Name _____ * First Name _____ Initial _____ ❑ Male * ❑ Female *

* Social Security # (required) _____ * Age *(max 64)* _____ * Date of Birth _____ * Home Phone # _____ Work Phone # _____

* Address _____ * City _____ * State _____ * Zip _____

* *E-mail* address for correspondence (if not available please enter "NA") _____ Occupation _____

NOTE: Your email address will never otherwise be shared by VBA with third parties.

FAMILY MEMBERS *List spouse (maximum age 64) and dependent children to age 19 or full-time student under age 25*

* Beneficiary _____

* Name	* Age	* Date of Birth	* Relationship	* Social Security #	* (Sex) M / F

I Agree to the terms and conditions of VBA Membership as listed on the reverse side of this form.

X _____ _____

* **Member Signature** * **Date**

VBA AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

* Name of Depositor as it appears on Banking Institution Records

* Account Number * Routing/Transit Number * Name of Banking Institution * Branch

* Address * City * State * Zip

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. 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.

X

* Signature of Depositor * Date Additional Signature (If joint account) Date

Payment Options (Check One)

❑ Monthly Bank Draft or Credit Card *(include voided check for bank draft)*

❑ Monthly List Bill (2 or more)

Billing will be 15 days before due date.

Add $3.00 monthly if paying with Credit Card

Make Payment Payable to: "VBA"

Representative: (please print name) _____

Representative Writing Number: _____

Representative Phone Number: _____

Monthly Payment Only

Payment Enclosed _____ ❑ VISA ❑ MasterCard

Card No.: _____

CVV Security Code from Back of Card _____

Expiration Date _____ Today's Date _____

Print Name of Cardholder _____

Signature of Cardholder _____

Discount Benefits are Not Insurance and are not available in all states