

LIFE MEMBERSHIP INSTALLMENT PLAN ENROLLMENT FORM

Name _____ Member Number _____

Present Address _____

Daytime Phone No. (_____) _____ Email _____

Choose One: 12 Month Plan

24 Month Plan

Choose One: Set me up for automatic payment. (Complete the authorization agreement.)

I am enclosing a check for \$35 for the initial payment.

Please charge the account shown on the authorization agreement for the initial payment.

Bill me monthly.

I am enclosing a \$35 check or money order for the initial payment.

Please charge my credit card below for the \$35 initial payment.

MasterCard VISA Discover American Express

Credit Card Acct. # _____ Exp. Date ____ / ____

Signature _____

Delinquencies will be handled as follows:

- Up to 30 days – continue to bill
- 31 to 120 days – delinquency can be corrected through make up payment or plan end date pushed forward.
- More than 120 days – member is dropped from the installment plan, all payments made to date, excluding service fees, are applied to future years dues. Any excess amount will remain on the member's account.

If you have any questions, please call us at (800) 963-3180, and ask for Life Membership.

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

For: Annual Renewal Life Member Installment Plan Legacy Installment Plan
 12 month plan or 24 month plan Bronze Silver Gold

Initial Payment Amount: _____

Installment Payment Amount: _____

I hereby authorize the VFW to draw items (checks, electronic fund transfers, charge card) for the purpose of paying the **Life Membership Installment Plan, Legacy Installment Plan, or annual dues payment** as indicated. (Authorization also available on line at: <http://emem.vfw.org/>)

CHOOSE EITHER BANK ACH DEBIT OR CREDIT CARD PAYMENT

Bank Account:

Depository Bank Name _____ Checking Acct. Savings Acct.

Transit ABA Number (9 digits) _____ Account Number _____

Please attach a voided blank check if paying by checking account.

Credit Card:

American Express MasterCard Visa Discover

Credit Card Acct. # _____ Exp. Date ____ / ____

This authority is to remain in full force and effect until the VFW has received written notification from me of its termination in such time and in such manner as to afford the VFW a reasonable opportunity to act on it or upon completion of Installment Payment Plan. Authorization is provided subject to the terms and conditions stated. I understand that I am solely responsible for assuring that my account has sufficient funds or limits, that any cancellation notice must be provided in sufficient time to process the cancellation and that any concern or dispute regarding a fund transfer will be submitted in writing within 90 days of the transfer date or such dispute will be considered waived.

Name _____ Member # _____

Signature _____ Date _____

Subject to the following terms and conditions:

- (1) For Installment Plan payments, the item shall be drawn on or after the 1st or 15th of each month, unless stated otherwise in writing. For annual dues payment, the item shall be drawn annually on or after the 1st of the month of the renewal. The transaction on your bank statement or credit card statement will constitute receipt for payment of your account.
- (2) If the regular payments set forth on the Payment Schedule should vary in amount, you are entitled to notice at least 10 days before each payment of when it will be made and how much it will be. However, by executing this preauthorization, you choose to instead get this notice only when the payment would differ by more than \$10.00 from the most recent payment. Annual dues are subject to change. Please see your Post regarding changes.
- (3) You may have additional rights and responsibilities under the Electronic Funds Transfer Act, and you should refer to the EFT Act for details. Information is also available at www.vfw.org under "Terms & Conditions."
- (4) The privilege of making payments under this arrangement may be revoked by the VFW if any item is not paid upon presentation.

Veterans of Foreign Wars
P.O. Box 119028
Kansas City, MO 64171-9028
(800) 963-3180