Seniors Choice Payment Authorization Form

Return this form to: Fax (480) 776-5050 or email: memberservices@mbaadmin.com

INSURED INFORMATION	
TODAY'S DATE:	
NAME OF INSURED:	
EMAIL ADDRESS:	
POLICY ID NUMBER:	
DATE TO BEGIN*:	
***Payment will be taken on the 1st of every month**	

I would like to pay by: ☐ EFT ☐ CREDIT CARD

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER	
NAME ON BANK ACCOUNT:	
NAME OF BANK:	
BANK ACCOUNT NUMBER:	
BANK ROUTING NUMBER:	
TYPE OF ACCOUNT:	☐ SAVINGS ☐ CHECKING
Please include a copy of a voided check or savings deposit slip	

AUTHORIZATION FOR CREDIT CARD PAYMENT	
CHARGE MY CREDIT CARD:	☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
CREDIT CARD NUMBER:	
CREDIT CARD EXP DATE:	
NAME ON CREDIT CARD:	
CARD BILLING ADDRESS:	

DEDUCTION AUTHORIZATION: I hereby authorize the insurance premiums to be deducted and remitted to Merchants Benefit Administration. This authority is to remain in effect until I cancel it by written notification to Merchants Benefit Administration at least 30 days in advance of the intended termination date of my coverage. (Any excess premiums which may accrue after termination of my coverage will be refunded to me.) There will be a $15.00 fee associated with an insufficient funds notification.

_____ _____

ACCOUNT HOLDER SIGNATURE DATE (MM/DD/YYYY)

Questions?

Please call (888) 538-9333

mba merchants benefit admin

MBA, Inc. 7077 E. Marilyn Road, Building 1, Scottsdale, AZ 85254 Fax: (480) 776-5050