

# Motor Club of America, Corp.

P.O. Box 20490, Oklahoma City, OK 73156 Phone: 800-227-6459

Effective Date \_\_\_\_\_

Group # \_\_\_\_\_

Sales Associate \_\_\_\_\_

First / MI / Last Name

M \_\_\_\_\_ \$ \_\_\_\_\_

1 \_\_\_\_\_ \$ \_\_\_\_\_

2 \_\_\_\_\_ \$ \_\_\_\_\_

3 \_\_\_\_\_ \$ \_\_\_\_\_

4 \_\_\_\_\_ \$ \_\_\_\_\_

Total Monthly Dues \$ \_\_\_\_\_

**TOTAL = MONTHLY DUES X 2** \$ \_\_\_\_\_  
First and Last Month

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

I hereby authorize Motor Club of America, Corp. (MCA) to charge my credit/debit card or bank account listed below for all premiums or costs. This authorization is to remain in effect until MCA receives written notification from me revoking the authorization. Furthermore, in the event that the information I have provided is incomplete or incorrect, I authorize my credit card company or bank to provide MCA the information necessary to successfully charge/draft my account.

## Credit Card Information

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

## Bank Draft Information

Name of Bank \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

Checking

Savings

Credit Union

*After the initial Draft/Charge of first and last months for each membership the next Draft/Charge for each membership will occur on or about one (1) month after the effective date.*

**THIS IS NOT AN AUTOMOBILE LIABILITY INSURANCE CONTRACT  
AND DOES NOT COMPLY WITH ANY FINANCIAL  
RESPONSIBILITY LAW**

Members Signature \_\_\_\_\_

Sales Asso. Signature \_\_\_\_\_