

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 _____