

**CHANGE OF ADDRESS CARD**

**Thanks for keeping us informed when you have an address change!**

**Please complete both sides, if applicable, and return this card as soon as possible.**

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Old Address \_\_\_\_\_  
Street City State Zip

New Address \_\_\_\_\_  
Street City State Zip

Member No. \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX(ES):

MEMBERSHIP FILE

ASSOCIATE FILE

**Mail to:** TVC Marketing Assoc., Inc.  
3200 W Wilshire Blvd  
Oklahoma City, OK 73116  
(405) 843-2722

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**TVC BANK DRAFT AUTHORIZATION**

Member \_\_\_\_\_ Soc Sec# \_\_\_\_\_

Please Print or Type

I hereby authorize TVC MARKETING ASSOCIATES, INC. of Oklahoma City, OK to charge/draft my checking/savings account from the Financial Institution listed below. I agree that if any charge is dishonored, whether intentionally or inadvertently, TVC MARKETING ASSOCIATES, INC. shall be under no liability whatsoever. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL TVC MARKETING ASSOCIATES, INC. RECEIVES WRITTEN NOTIFICATION FROM ME REVOKING THIS AUTHORIZATION.

Name of Institution \_\_\_\_\_

Check One:  Checking  Savings  
*(Please check box for your product on other side)*

Street \_\_\_\_\_

Check Below:

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

- Monthly Draft Amount \$
- Quarterly Draft Amount \$
- Semi-Annual Draft Amount \$
- Annual Draft Amount \$

Bank Account No. \_\_\_\_\_

Draft Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Transit No. 

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**Mail to:** TVC Marketing Assoc., Inc.  
P.O. Box 20490  
Oklahoma City, OK 73156-0490

Signature \_\_\_\_\_ Date \_\_\_\_\_

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