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	City	State		Zip
Member No.	•			Σip
PLEASE CHECK APPROPRIATI		1 Hone 140. (,	
MEMBERSHIP FILE	L DUA(ES).			Marketing Assoc., Inc. W Wilshire Blvd
MEMBERSHII FILE			Oklal	homa City, OK 73116
ASSOCIATE FILE			(403)) 843-2722
	or keeping us infor both sides, if appli	OF ADDRESS CAR med when you have an icable, and return this o	address chan card as soon a	s possible.
Old Address				
Street	City	State	:	Zip
New Address				
Street	City	State		Zip
Member No		Phone No. ()	
PLEASE CHECK APPROPRIATI	E BOX(ES):			Marketing Assoc., Inc.
MEMBERSHIP FILE			Okla	W Wilshire Blvd homa City, OK 73116
ASSOCIATE FILE			(405)) 843-2722
	or keeping us info	OF ADDRESS CAP rmed when you have ar icable, and return this	address char	_
Name		Spouse		
Old Address				
Street	City	Stat	2	Zip
New Address	City	Stat	Α	Zip
	•		\	Σīp
Member No.		Pnone No. ()	
PLEASE CHECK APPROPRIATE	E BOX(ES):			C Marketing Assoc., Inc. O W Wilshire Blvd
☐ MEMBERSHIP FILE				homa City, OK 73116
ASSOCIATE EILE				8) 843-2722

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 checl that if any charge is dishonored, whether intentionlly or inadvertantly, TVC MARKETING ASSOCIATES, I REMAIN IN EFFECT UNTIL TVC MARKETING ASSOCIATES, INC. RECEIVES WRITTEN NOTIFIC	king/savings account from the Financial Institution listed below. I agree NC. shall be under no liability whatsoever. THIS AUTHORITY IS TO
Name of Institution	Check One: Checking Savings (Please check box for your product on other side) Check Below:
Street	Monthly Draft Amount \$
City State Zip	☐ Quarterly Draft Amount \$ ☐ Semi-Annual Draft Amount \$ ☐ Annual Draft Amount \$
Bank Account No.	Draft Date / /
Transit No.	Mail to: TVC Marketing Assoc., Inc. P.O. Box 20490 Oklahoma City, OK 73156-0490
Signature Date	Oktanoma City, OK 75150-0470
TVC BANK DRAFT AUTHOF Member	
Please Print or Type I hereby authorize TVC MARKETING ASSOCIATES. INC. of Oklahoma City, OK to charge/draft my checl that if any charge is dishonored, whether intentionlly or inadvertantly, TVC MARKETING ASSOCIATES, I REMAIN IN EFFECT UNTIL TVC MARKETING ASSOCIATES, INC. RECEIVES WRITTEN NOTIFIC	king/savings account from the Financial Institution listed below. I agree NC. shall be under no liability whatsoever. THIS AUTHORITY IS TO
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	
Transit No.	Mail to: TVC Marketing Assoc., Inc. P.O. Box 20490 Oklahoma City, OK 73156-0490
Signature Date	Oktanoma City, OK 73130-0470
TVC BANK DRAFT AUTHOR	
Member	Soc Sec#
Please Print or Type I hereby authorize TVC MARKETING ASSOCIATES. INC. of Oklahoma City, OK to charge/draft my check that if any charge is dishonored, whether intentionlly or inadvertantly, TVC MARKETING ASSOCIATES, I REMAIN IN EFFECT UNTIL TVC MARKETING ASSOCIATES, INC. RECEIVES WRITTEN NOTIFIC	NC. shall be under no liability whatsoever. THIS AUTHORITY IS TO
Name of Institution	Check One: ☐ Checking ☐ Savings
Street	(Please check box for your product on other side) Check Below:
City State Zip	☐ Monthly Draft Amount \$ ☐ Quarterly Draft Amount \$ ☐ Semi-Annual Draft Amount \$ ☐ Annual Draft Amount \$
Bank Account No.	
Transit No.	Draft Date / / Mail to: TVC Marketing Assoc., Inc. P.O. Box 20490
Signature Date	Oklahoma City, OK 73156-0490