



LIFE MEMBERSHIP INSTALLMENT PLAN

FEE SCHEDULE

Age By 12/31*	Full Fee	12-month Plan
		\$35, plus
		11 pymts
< = 30	\$425.00	\$38.64
31-40	\$410.00	\$37.27
41-50	\$375.00	\$34.09
51-60	\$335.00	\$30.45
61-70	\$290.00	\$26.36
71-80	\$225.00	\$20.45
81 +	\$170.00	\$15.45

*The fee is determined using the applicant's age as of Dec. 31 of the calendar year in which the application is submitted.

LEGACY LIFE INSTALLMENT PLAN

	Total	4 Payments of
Bronze	\$400	\$100
Silver	\$800	\$200
Gold	\$1200	\$300

SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

[1] The initial payment will be drawn upon receipt of this authorization by the VFW. For the LM installment Plan, future items shall be drawn on the 1st or 15th of each month starting 15-30 days after receipt of this authorization. For annual dues, future payments shall be drawn annually on September 1. Legacy Life payments are drawn quarterly on the 1st or 15th of the month starting 60-90 days after receipt of this authorization.

[2] If the regular payments set forth on the Payment Schedule should vary in amount, you are entitled to notice at least 10 days before each payment of when it will be made and how much it will be. However, by executing this agreement, you choose to instead get this notice only when the payment would differ by more than \$10.00 from the most recent payment. Annual dues are subject to change. Please see your Post regarding changes.

[3] You may have additional rights and responsibilities under the Electronic Funds Transfer Act, and you should refer to the EFT Act for details. Information is also available at www.emem.vfw.org under "Authorization Agreement Terms & Conditions."

[4] The VFW can terminate this agreement at any time.

Veterans of Foreign Wars
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MAKE YOUR
DUES PAYMENTS
TO THE VFW

**SIMPLE,
CONVENIENT
& SAFE**

WITH...**AUTOMATIC PAYMENTS**

USE THIS AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYMENTS. YOU CAN
ALSO FILL THIS OUT ONLINE AT
WWW.EMEM.VFW.ORG.

MEMBER INFORMATION

Name: _____
Address: _____

Phone: _____
Email: _____
Member #: _____
Post #: _____ Date of Birth _____

PROGRAM

- Annual Renewal* - bill me once a year on September 1 for the upcoming calendar year.
- Life Member Installment Plan* - bill me once a month for: (see reverse side for payment amounts)
 - 12 month plan
- Legacy Life Installment Plan** - bill me quarterly. See Legacy enrollment form for level (Gold, Silver, Bronze).

* For new enrollments, include the VFW Membership Application with this Automatic Payment enrollment.
** For Legacy Life, include the Legacy Life Acceptance Form.

CHECKING/SAVINGS ACCOUNT AUTHORIZATION

BANKING INFORMATION

Name of Bank: _____
City, State, Zip: _____

Bank Routing No.: _____
Bank Account No.: _____

ACCOUNT TYPE

- checking (include a voided check)
- savings (include a deposit ticket)

I hereby authorize the VFW to deduct payments from my bank account for the program indicated. I understand that each transaction will appear on my regular bank statement. This authority will remain in full force and effect until the VFW has received written notification from me of its termination in such a time and in such a manner as to afford the VFW a reasonable opportunity to act on it or upon completion of the installment program. I understand that I am solely responsible for assuring that my account has sufficient funds, that any cancellation notice must be provided in sufficient time to process the cancellation, and that any concerns or disputes regarding a charge will be submitted in writing within 90 days of the transaction or such dispute will be considered waived.

Signature: _____
Date: _____

CREDIT CARD AUTHORIZATION

CREDIT CARD INFORMATION

Visa
 Mastercard
 American Express
 Discover
Card Acct. #: _____
Expiration Date: _____
Signature: _____

I hereby authorize the VFW to charge my credit card account for the program indicated. I understand that each transaction will appear on my regular credit card statement. This authority will remain in full force and effect until the VFW has received written notification from me of its termination in such a time and in such a manner as to afford the VFW a reasonable opportunity to act on it or upon completion of the installment program. I understand that I am solely responsible for assuring that my account has sufficient limits, that any cancellation notice must be provided in sufficient time to process the cancellation, and that any concerns or disputes regarding a charge will be submitted in writing within 90 days of the transaction or such dispute will be considered waived.

Signature: _____
Date: _____