



WAR CHEST-FAIR SHARE

LOBBY FUND CONTRIBUTION

Support the Lobby Team that Protects Your Interest

1000 Westgate Dr, Suite 252, St. Paul, MN 55114 | Phone: 952-882-9411 | Fax: 952-882-9397 | www.mnchiro.com

EASY PAYMENT PLAN

Credit Card Authorization for Automatic Payment

Member Name: _____

Email: _____

Charge My Card the following Amount: \$ _____ one time charge

Charge My Card the following Amount: **\$25** per month

\$50 per month

 \$ _____ per month

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type: Visa MasterCard American Express Discover

Credit card number: _____ Expiration Date: _____

Credit Card Pin: _____ (3 digit-MC, Visa, Discover- 4 digit- Amex.)

Signature: _____ Date: _____

By signing I understand that my credit card will automatically be charged the amount stipulated above according to the terms written down. Also in order to maintain my account current I am responsible for informing the MCA of any card cancellations, expiration changes, etc.

MCA Board Policy Change: Please note this arrangement will continue until you authorize changes or select to opt out at anytime. Please contact the MCA central office with any questions or concerns.

You are the power behind the motion...You are the MCA.