

Membership Form



Benefits Association Inc.

Last name		First name		M.I.	
Address		City		State	Zip
Date of birth <i>(Day/Month/Year)</i>		Social Security number		Phone number	
Email address					

Membership dues:

Standard Membership: \$24 per year • BAI+ Membership: \$48 per year

Please mail this form along with the completed bank draft authorization form to:

Benefits Association, Inc.
PO Box 14067
Jackson, MS 39236-4067

Please visit www.benefitsassociation.com for information on how to take advantage of all the benefits offered to Association members.

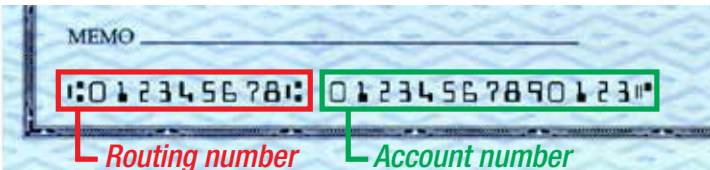
Signature

Date

Electronic Payment Authorization Form



ACH Information *An original VOIDED CHECK must be included. Deposit slips are NOT acceptable.*

Member name		Last four digits of social security number	
Mailing address			
Phone number		Email address	
Account holder's name		Financial institution	
City		State	Zip code
 The image shows a check with a 'MEMO' line. Two numbers are highlighted: a routing number '0123456789' in a red box and an account number '01234567890123' in a green box. Arrows point from the text 'Routing number' and 'Account number' to their respective boxes.		Routing number	
		Account number	
		Membership level: ☐ Standard (\$24) ☐ BAI+ (\$48)	

I hereby authorize the Financial Institution named above to pay my annual obligation by charging each payment to my account and to make that deduction payable to the order of Benefits Association Inc. (BAI). I agree each payment shall be the same as if it were an instrument personally signed by me. This authorization will remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, both the Financial Institution and BAI reserve the right to terminate this payment plan (or my participation therein). By signing below I agree to the following terms:

1. I understand that payments will debit my account between the 1st through 5th of the month.
2. BAI will post membership rate increases to my account without requiring additional authorization.
3. Payments not honored will not be submitted a second time.
4. BAI will send notice of payment not honored.
5. If a payment is not honored, my membership terminates 15 days after notice has been sent.
6. If I wish to continue my membership after a payment is not honored, BAI, prior to the end of that month, must receive full payment.

Signature _____ Date _____ / _____ / _____
Day Month Year