



National Association of Insurance and Financial Advisors
Monthly Draft Account Update

New Account Information (required)

Member Name		Member ID (if known)	
<input type="checkbox"/> Visa/MasterCard/Amex		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Credit Card # or Bank Account # <i>(monthly bank draft)</i>		Bank Routing # <i>(monthly bank draft)</i>	
CC Exp. Date	Security Code	Name on Credit Card or Name on Bank Account <i>(monthly bank draft)</i>	
Card Billing Address or Name of Bank <i>(monthly bank draft)</i>			
Signature		Date	

Return this form to:
Email: renew@naifa.org
Fax: 703-770-8224
Mail:
 NAIFA Membership Lockbox
 P.O. Box 758658
 Baltimore, MD 21275-0001
OR Call Us with Your New Account Information:
Call: 877-866-2432
 (Monday-Friday, 8:30 a.m.- 5:30 p.m. Eastern Time)

Updates to Your Contact Information (optional)

Preferred Mailing Address: Work Home Preferred Email Address: Work Personal

Full Name <i>(including designations)</i>		Friendly Name/Nickname	Date of Birth	Gender
Title		Primary Company <i>(Company you write the majority of your business through)</i>		
Work Phone	Mobile Phone	Home Phone	Fax	
Work Email		Personal Email		
Business Address		Home Address <i>(IMPORTANT! Used to determine your Congressional District)</i>		

Do not share my information with NAIFA Member Benefit Providers