



Credit card authorization
payment with Visa or Mastercard

Please note, this form will not apply your credit card's Collision Loss Damage Insurance (CLDI) to your account. If you plan to use CLDI coverage through a credit card, please complete the [Individual Member Insurance coverage application](#) for seamless coverage.

| | |
|----------------|--|
| Member name | |
| Account number | |

Credit Card information

| | |
|---|----------------|
| credit card number | expiry (mm/yy) |
| cardholder's name (as it appears on card) | |

| | |
|------------------------|------|
| cardholder's signature | date |
|------------------------|------|

Cardholder: initial here to authorize all future payments to the credit card listed above.

Please scan and e-mail to info@modo.coop
Or fax with no cover sheet to 604.685.1353.
