



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

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Please scan and e-mail to [info@modo.coop](mailto:info@modo.coop)  
Or fax with no cover sheet to 604.685.1353.

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