



# Billing Information Form

Recurring Monthly or Annual Payment

Name: \_\_\_\_\_ Member ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

◆ Please update my billing information for my monthly/annual dues payment.

Bankdraft

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Credit Card Visa / MasterCard / American Express / Discover Card**

I hereby authorize NABIP to charge my account for the monthly/annual credit card debit against the following account:

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ CSC Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email to [membership@nabip.org](mailto:membership@nabip.org) OR Fax to 202-747-6882

Mail to: 999 E Street NW, Suite 400  
Washington, DC 20004

**Thank you for your continued support of NABIP!**

**Please Note:** According to IRS regulations, 75% of the \$362.00 paid to NABIP is deductible as a normal business expense.