



Insurance
 Travel
 Roadside
 Rewards

AUTHORIZATION TO REPRESENT

I understand that in executing this authorization I waive the right for such information to be privileged and private.

This authorization will remain valid for the duration of the Membership, if at any time these arrangements change it is the responsibility of the Primary Member to notify our office in writing outlining the changes.

Member Name: _____

Membership number: _____

PIN/Password to be provided: _____

I hereby authorize (Name of party): _____ **Relationship** _____

Contact information: _____

Will serve on my behalf (Primary Member) in matters pertaining to (Check all that apply):

- _____ take/make phone calls on my behalf
- _____ make changes to my membership
- _____ obtain records pertaining to my membership (Roadside service, join year, etc.)

I have read and understand the nature of this release.

 Signature

 Date

MATR0815-01