

Disney Vacation Club Associate Member Financial Authorization Form

By completing the below information, you, as Disney Vacation Club member, authorize Disney Vacation Club to verbally discuss financial related matters with selected Associate Member(s) on your account.

Member Number:	
Member Name:	
Member Address:	
Member Phone Number:	

Request:

I authorize Disney Vacation Club to verbally discuss financial matters related to my Disney Vacation Club membership with the following Associate Member(s) currently listed on my membership:

Associate Name:	
Address:	
Phone Number:	
Associate Name:	
Address:	
Phone Number:	
Associate Name:	
Address:	
Phone Number:	

Member Signature*	Member Name	Date
_____	_____	_____
Member Signature*	Member Name	Date
_____	_____	_____
Member Signature*	Member Name	Date
_____	_____	_____
Member Signature*	Member Name	Date
_____	_____	_____
Member Signature*	Member Name	Date
_____	_____	_____

*All Members must provide written authorization to add an Associate to a membership.
Completed forms should be faxed to (407) 938-4117, Disney Vacation Club, Attention: Member Accounting or mailed to:

Disney Vacation Club
Attention: Member Accounting
P. O. Box 470727
Celebration, FL 34747 USA