

CREDIT / DEBIT CARD AUTHORIZATION

This form must either be faxed or mailed to Family Benefit Life Insurance Co. and then destroyed. It must NOT be submitted by e-mail or other electronic means. A copy of this form should NOT be kept on file.

AUTHORIZATION AND SIGNATURE

I hereby request and authorize Family Benefit Life Insurance Company ("Family Benefit") to charge my credit/debit card identified below for life insurance or annuity premium payments. I understand that these charges will continue until my policy has been paid-up or until I cancel this authorization. This authorization shall be subject to the following conditions:

- (1) The preauthorized charge shall occur on or after the premium due dates unless otherwise specified;
- (2) Family Benefit shall not incur any liability for additional charges to the credit / debit card account by the bank or credit card company;
- (3) Amounts not honored by the bank or credit card company after initial deposit shall constitute non-payment of premium and coverage shall lapse subject to all provisions of each policy;
- (4) This authorization may be revoked by either party upon 30 days advance notice, and Family Benefit may immediately revoke this request if any preauthorized charge is dishonored by the bank or credit card company when presented.

Date:

Name as it appears on card

Cardholder's Signature

☐ **Apply payment information to attached application** ☐ **Apply to existing policies listed below**

Insured's Name (First, Last)

Existing Policy Numbers

CARD INFORMATION

Card Type ☐ Visa ☐ Mastercard ☐ Direct Express **CCV (security code)** _____

[illegible]

Billing Address

City **State** **Zip Code**

Phone Number

PREMIUM PAYMENT INFORMATION

Payments to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

CREDIT CARD ONLY Enter date of month if specific charge day is requested (1st – 28th only):

DIRECT EXPRESS DEBIT CARDS ONLY: Process payments on:

☐ 1st of month ☐ 3rd of month ☐ 2nd Wednesday ☐ 3rd Wednesday ☐ 4th Wednesday