

Credit Card Payment:

AUTOMATIC CREDIT CARD PAYMENT

Select one billing frequency:

- Annual Semi-Annual Quarterly Monthly

I authorize the premiums due to be remitted to LifeSecure Insurance Company through my credit card account indicated below. This authorization is to remain in full force and effect until LifeSecure Insurance Company has received written notification from me withdrawing this permission, providing a reasonable amount of time to act on it. Any excess premiums that may accrue after termination of coverage will be credited to my account.

Select Card Type: Visa Mastercard

Cardholder Name (as it appears on card) : _____

Credit Card #: _____ Expiration Date: _____

Name of Insured (print): _____

Charge Date (1st – 31st): _____

Signature Required:

I have read and understand the payment terms and authorize LifeSecure Insurance Company to draw from my account.

Account Holder/Cardholder Signature(s):

x _____ **x** _____

Date: _____

Date: _____

FAX or MAIL completed form to:

FAX: 1.850.438.8478

MAIL: LifeSecure Administrative Office, P.O. Box 12834, Pensacola, FL 32591