

CREDIT / DEBIT CARD BILLING AUTHORIZATION

Family1[®]



CONFIDENTIAL

The credit or debit card used can only belong to the Policy Owner, Insured or Policy Payor (and will be listed on the policy as payor), not a company, funeral home, agent or third party.

POLICY/CONTRACT NO(S):

Please fill out this form and mail to our administrative offices at: Texas Service Life Ins Co, PO Box 341899, Austin, TX 78734. **IMPORTANT NOTE:** To protect your personal information we request that you **NOT EMAIL OR FAX THIS DOCUMENT.**

Card Billing Address - enter exactly how it appears on billing statement:

Cardholder Name: _____

_____ ()
Billing Address City State Zip Telephone

<input type="checkbox"/> Debit Card	<input type="checkbox"/> Credit Card
Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover

Issuing Bank _____ Expiration Date (MM/YY) _____
Account Number (16 digits) _____ Security Code (3 digits) _____

INITIAL PREMIUM

I authorize TEXAS SERVICE LIFE INSURANCE COMPANY to charge my credit / debit card a **ONE TIME** draft payment for the policy listed below. The charge will be made **IMMEDIATELY** upon submittal of policy application.

I want to make an INITIAL PREMIUM PAYMENT for my policy in the amount of: \$ _____

MODAL PREMIUMS / RECURRING PAYMENTS

Please Pay and Charge My Account All Charges Made by Texas Service Life Insurance Company ("TSLIC").

Payments will be made (check one): Monthly Quarterly Semi-Annually Annually

In The Amount of: \$ _____ ***BEGINNING DATE: _____ (MM/DD/YY)

I hereby authorize and request TSLIC to charge my credit / debit card identified above for life insurance industry or annuity premiums as selected above. This authorization will remain in effect until cancelled by me in writing and until TSLIC actually receives such notice. I understand that any charges processed within a period of fourteen (14) days of receipt of a written request to cancel this authorization may be presented for billing to my credit / debit card. I agree that TSLIC shall be fully protected in honoring any such charge for a period of fourteen (14) days after you receive such notice.

I agree that your treatment of each such charge, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if no ***BEGINNING DATE is cited above, then TSLIC may charge my account on either (1) THIRTY (30) DAYS from the date of Policy / Contract, (2) the first installment date shown on the Insurance Application, or (3) a date communicated in writing by TSLIC to the undersigned account holder. I understand that these charges shall continue until my policy has been paid-up, or until I cancel these charges to this credit / debit card. I also understand that I may be subject to charges by my credit / debit card company if any premium so charged causes my account to go over its charge limit, and that other charges I may make to my card may be denied in such event, pursuant to my credit / debit card agreement, and I hold TSLIC harmless for the same.

Card Holder Signature _____ Date _____ Agent # _____

Print Name _____ OFFICE USE ONLY: NB CS