

Credit Card Authorization

Please check the box next to your insurance company's name and the type of policy.

- ManhattanLife Assurance
 Manhattan Life
 Family Life
 Life
 Accident
 Critical Illness
 Hospital Indemnity
 First Occurrence Benefit
 Cancer

Credit Card Information		
Type of Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Name as Shown on Card	
Credit Card Account Number	CVC Code	Expiration Date
Billing Address of Card Holder (Street, City, State and ZIP Code)		

Policy Information	
Application Number	Policyowner
Mode of Premium <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	Frequency <input type="checkbox"/> One time payment <input type="checkbox"/> Recurring Payment

AUTHORIZATION TO HONOR CHARGES MADE BY COMPANY REFERENCED ABOVE

TO: _____
 (Print Name, Address and Telephone Number of Company Issuing Credit Card.)

As a convenience to me, I, _____ (Cardholder), do hereby request and authorize the company indicated above to make charges to my credit card specified above for payment of policy premiums.

This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit.

This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of and rights in respect to each such charge shall be the same as if it were signed by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. The information above has been completed and this form signed and dated signifying acceptance of this transaction.

 Signature of Cardholder

 Signature of Agent

 Signature of Applicant

 Date