

LIFESECURE INSURANCE COMPANY ADMINISTRATIVE OFFICE P.O. Box 1019 Brighton, MI 48116-1019

PREMIUM PAYMENT AUTHORIZATION CHANGE FORM

Complete this form to change and authorize your preferred premium payment method and/or frequency.

REQUIRED INFORMATION: (PRINT CLEARLY – USE BLACK OR BLUE INK.) Policy #: ____ ☐ Mrs. ☐ Ms. ☐ Dr. (check one) ☐ Mr. Name (First) (MI) (Last) ☐ Check here if address is new. Street Address Apt. # State Zip Code City **DIRECT-BILLING:** DIRECT-BILLING (MAIL) Select one billing frequency: ☐ Annually □ Semi-Annually □ Quarterly ☐ Monthly **Credit Card Payment:** AUTOMATIC CREDIT CARD PAYMENT Select one billing frequency: ☐ Monthly ☐ Annually ☐ Semi-Annually □ Quarterly I authorize the premiums due to be remitted to LifeSecure Insurance Company through my credit card account indicated below. This authorization may be cancelled by me or LifeSecure at anytime for any reason by giving notice. ☐ MasterCard Select Card Type: □ Visa Cardholder Name (as it appears on card): Credit Card #: Expiration Date: Name of Insured (print): Charge Date (1st - 28th):

SIGNATURE REQUIRED - SEE PAGE 2

Select one billing frequency: Annually Quarterly Monthly How Electronic Funds Transfer Works: Electronic funds transfer is a debit service that offers a convenient wa insurance premiums. LifeSecure Insurance Company will collect the insurance premiums from your bank electronically. You do not need to write checks or mail in any payments. Premium withdrawals will appear bank statement, and your statements will be your receipts for payment of your premium. Electronic Funds Transfer Agreement: authorize LifeSecure to electronically withdraw money from my account for the payment of premiums for this in policy. This authorization may be cancelled by me or LifeSecure at anytime for any reason by giving notice. Name of Bank: Bank Address: Telephone #: Account Type: Savings Checking Account #: Routing #: Draft date (1st - 28th): Account #: Checking Account #: Draft date (1st - 28th): Draft d	
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How Electronic Funds Transfer Works: Electronic funds transfer is a debit service that offers a convenient wa insurance premiums. LifeSecure Insurance Company will collect the insurance premiums from your bank electronically. You do not need to write checks or mail in any payments. Premium withdrawals will appear bank statement, and your statements will be your receipts for payment of your premium. Electronic Funds Transfer Agreement: I authorize LifeSecure to electronically withdraw money from my account for the payment of premiums for this in policy. This authorization may be cancelled by me or LifeSecure at anytime for any reason by giving notice. Name of Bank: Bank Address: Telephone #: Account Type: Savings Checking Account #: Routing #: Draft date (1st - 28th): Any excess premiums that may accrue after termination of coverage will be credited to my account. I will contisee to loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for a loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing an automatic paym through my bank or credit card does not put the insurance policy into effect. This authorization may be retracted be LifeSecure at any time for any reason by giving notice. LifeSecure may retract the authorization immediately, withome written notice, if any debt is not paid by the bank stated for any reason.	
insurance premiums. LifeSecure Insurance Company will collect the insurance premiums from your bank electronically. You do not need to write checks or mail in any payments. Premium withdrawals will appear bank statement, and your statements will be your receipts for payment of your premium. Electronic Funds Transfer Agreement: I authorize LifeSecure to electronically withdraw money from my account for the payment of premiums for this in policy. This authorization may be cancelled by me or LifeSecure at anytime for any reason by giving notice. Name of Bank: Bank Address: Telephone #: Account Type: Savings Checking Account #: Routing #: Draft date (1st - 28th): Draft date (1st - 28th): Any excess premiums that may accrue after termination of coverage will be credited to my account. I will con LifeSecure for any loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for a loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing an automatic paym through my bank or credit card does not put the insurance policy into effect. This authorization may be retracted by LifeSecure at any time for any reason by giving notice. LifeSecure may retract the authorization immediately, witho me written notice, if any debt is not paid by the bank stated for any reason.	i-Annually
I authorize LifeSecure to electronically withdraw money from my account for the payment of premiums for this in policy. This authorization may be cancelled by me or LifeSecure at anytime for any reason by giving notice. Name of Bank: Bank Address: Telephone #: Account Type: Savings Checking Account #: Routing #: Draft date {1 st - 28th}: Draft date {1 st - 28th}: Any excess premiums that may accrue after termination of coverage will be credited to my account. I will com LifeSecure for any loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for a loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing an automatic paym through my bank or credit card does not put the insurance policy into effect. This authorization may be retracted be LifeSecure at any time for any reason by giving notice. LifeSecure may retract the authorization immediately, without me written notice, if any debt is not paid by the bank stated for any reason.	surance Company will collect the insurance premiums from your bank account write checks or mail in any payments. Premium withdrawals will appear on you
Bank Address: Telephone #: Account Type: Savings Checking Account #: Routing #: Draft date (1st - 28th): Any excess premiums that may accrue after termination of coverage will be credited to my account. I will com LifeSecure for any loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for a loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing an automatic paym through my bank or credit card does not put the insurance policy into effect. This authorization may be retracted be LifeSecure at any time for any reason by giving notice. LifeSecure may retract the authorization immediately, without me written notice, if any debt is not paid by the bank stated for any reason.	ly withdraw money from my account for the payment of premiums for this insurance
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Account Type: Savings Checking	
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Routing #:	□ Checking
Draft date (1st – 28th):	
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Signature Required:	caused by these withdrawals and will not hold LifeSecure responsible for any such n will not affect the terms of the policy. Authorizing an automatic payment plar put the insurance policy into effect. This authorization may be retracted by me or giving notice. LifeSecure may retract the authorization immediately, without giving
I have read and authorize the changes chosen above and if applicable, understand the payment terms. I clifeSecure Insurance Company to draw from my account.	
Signature: Date:	Date:
FAX or MAIL completed form to: FAX: 877.226.0925 MAIL: LifeSecure Administrative Office, P.O. Box 1019, Brighton, MI 48116-1019	5

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