



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 #: _____

Mr. Mrs. Ms. Dr. (check one)

Name (First) _____ (MI) _____ (Last) _____

Check here if address is new.

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

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:

Annually Semi-Annually Quarterly Monthly

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.

Select Card Type: Visa MasterCard

Cardholder Name (as it appears on card): _____

Credit Card #: _____ Expiration Date: _____

Name of Insured (print): _____

Charge Date (1st – 28th): _____

SIGNATURE REQUIRED – SEE PAGE 2

