

Credit Card Payment



Authorization for payments by VISA or Mastercard.

If you have questions, contact AAFMAA Policy Services at 1-800-336-4538.

1. INSURED		AAFMAA Number
Name (Last, First MI)		Social Security Number
Email (<input type="checkbox"/> Personal <input type="checkbox"/> Work)		Phone (<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)

2. CARDHOLDER		
Name (as listed on card)		
Mailing Address		
Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Number	Expiration Date (mm/yyyy)

3. PAYMENT					
List each allocation on a separate line. To schedule automatic payments when due, check "Recurring" Frequency. For recurring loan payments or other special allocations, write instructions in Notes.					
Policy Number (or CN and Issue Date)	Allocation (one per line)			Frequency (one or both)	Amount (leave blank if not known)
	Premium	Loan	Other		
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	<input type="checkbox"/> Principal <input type="checkbox"/> Interest	<input type="checkbox"/> Deposit <input type="checkbox"/> Single Pay <input type="checkbox"/> Dues <input type="checkbox"/> _____	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	<input type="checkbox"/> Principal <input type="checkbox"/> Interest	<input type="checkbox"/> Deposit <input type="checkbox"/> Single Pay <input type="checkbox"/> Dues <input type="checkbox"/> _____	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	<input type="checkbox"/> Principal <input type="checkbox"/> Interest	<input type="checkbox"/> Deposit <input type="checkbox"/> Single Pay <input type="checkbox"/> Dues <input type="checkbox"/> _____	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	<input type="checkbox"/> Principal <input type="checkbox"/> Interest	<input type="checkbox"/> Deposit <input type="checkbox"/> Single Pay <input type="checkbox"/> Dues <input type="checkbox"/> _____	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	<input type="checkbox"/> Principal <input type="checkbox"/> Interest	<input type="checkbox"/> Deposit <input type="checkbox"/> Single Pay <input type="checkbox"/> Dues <input type="checkbox"/> _____	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring	
Recurring Payment Day <input type="checkbox"/> 5th <input type="checkbox"/> 16th <input type="checkbox"/> Last Business Day				TOTAL	

4. SIGNATURE	
The cardholder hereby authorizes AAFMAA to charge the credit card for the payments listed above. If recurring payment is selected, this credit card will be charged every time the payments become due.	
Cardholder Signature	Date Signed (mm/dd/yyyy)
(Office use only) Employee who received verbal authorization from cardholder	Date of Verbal Authorization (mm/dd/yyyy)