

Authorization for payments by VISA or Mastercard.

If you have questions, contact Policy Services at 1-800-336-4538.	Customer Number				
1. INSURED					
Name (Last, First MI)	Social Security Number				
Email (Personal Work)	Phone (Cell Home Work)				

2. CARDHOLDER

Name (as listed on card)

Mailing Address

Card Type	Card N	umbe	er													Expiration Date (mm/yyyy)
VISA MasterCard	1	I.	I.	I.	I.	1	I.									

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)	Alloc	cation (one per	Frequency	Amount	
	Premium	Loan	Other	(one or both)	(leave blank if not known)
	Monthly Quarterly Semiannual Annual	Principal Interest	Deposit Single Pay Dues	One Time Recurring	
	☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual	Principal Interest	Deposit Single Pay Dues	One Time Recurring	
	Monthly Quarterly Semiannual Annual	Principal Interest	Deposit Single Pay Dues	One Time Recurring	
	☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual	Principal Interest	Deposit Single Pay Dues	One Time Recurring	
	Monthly Quarterly Semiannual Annual	Principal Interest	Deposit Single Pay Dues	One Time Recurring	
Recurring Payment Day	Business Day	TOTAL			

4. SIGNATURE

Cardholder Signature

The cardholder hereby authorizes Armed Forces Mutual 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.

(Office use only	Employee who received verbal authorization from cardholder	-

Date of Verbal Authorization (mm/dd/yyyy)

Date Signed (mm/dd/yyyy)

01/2018