Credit and Debit Card Authorization Form

Form to be used for the collection of Credit and Debit Card information on authorized plans.

American General Life Insurance Company
Service Center: P.O. Box 818006, Cleveland, OH 44181

Please read this authorization carefully and complete all requested items.

Policy Number:_____

Name of Proposed Insured: _____

Proposed Policy Owner: _____

Proposed Payor:_____ Relationship to Proposed Insured:_____

Is the Premium Payor a United States Citizen or a Permanent Legal Resident (Green Card Holder)?_____

PREMIUMS: Please provide the requested details.

Amount: $ _____
(Please charge my account for all outstanding premiums due.)

Frequency of Ongoing Payments: ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

CREDIT/DEBIT CARD INFORMATION DETAILS: Please provide the requested details.

Credit or Debit Card Number _____ Expiration Date_____

Card Type: ☐ American Express® ☐ MasterCard® ☐ Visa®

Cardholder Name (exactly as it appears on the card) _____

E-mail Address _____

Date of Birth (MM-DD-YYYY) _____ SSN/TIN_____

Cardholder's Address: Street_____ City_____ State _____ Zip _____

PAYMENT OPTIONS and CHARGE DATE OPTIONS: Please select ONLY one Payment Option and a corresponding Charge Date Option.

☐ **Payment Option 1:** Charge Both Initial and Subsequent Payments.

Charge Date Options for Payment Option 1:
(If Payment Option 1 is selected but no corresponding charge Date Option is selected, we will default to Option A.)

☐ A: Initial payment at time of policy approval.
Subsequent payment on the next payment due date. (For policies that were approved and paid on the 29th, 30th and 31st of the month, subsequent payments will be due on the 28th.)
*If a different card should be charged for subsequent charges, please complete the "Alternate Credit Card for Subsequent Charges" section. **

☐ B: Initial and Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be charged based on your payment frequency.)
1st – 28th _____

☐ C: Initial and Subsequent payments on Preferred Week/Weekday (Choose the week **and** weekday payments will be charged based on your payment frequency, e.g., 2nd week on Wednesday)
Week (1st, 2nd, 3rd, 4th)_____
Weekday (Mon, Tue, Wed, Thu, Fri)_____

☐ D: Initial payment at time of policy approval.
Subsequent payment on Preferred Withdrawal Date (Choose the day payments will be charged based on your payment frequency.)
1st – 28th _____
*If a different card should be charged for subsequent charges, please complete the "Alternate Credit Card for Subsequent Charges" section. **

☐ E: Initial payment at time of policy approval.
Subsequent payments on Preferred Week/Weekday (Choose the week **and** weekday payments will be charged based on your payment frequency, e.g., 2nd week on Wednesday)
Week (1st, 2nd, 3rd, 4th)_____
Weekday (Mon, Tue, Wed, Thu, Fri)_____
*If a different card should be charged for subsequent charges, please complete the "Alternate Credit Card for Subsequent Charges" section. **

***Alternate Credit Card for Subsequent Charges:**
IMPORTANT: Payor MUST be the same for both cards.

Credit or Debit Card Number _____ Expiration Date _____

Card Type: ☐ American Express® ☐ MasterCard® ☐ Visa®

Cardholder Name (exactly as it appears on the card) _____

Cardholder's Address (if different than initial card)

Street _____City_____ State_____ Zip _____

☐ **Payment Option 2:** Charge Only Initial Premiums.
Subsequent premiums will be drafted via EFT.
(Complete Bank Draft Authorization.)

Charge Date Options for Payment Option 2:
(If Payment Option 2 is selected but no corresponding charge Date Option is selected, we will default to Option A.)

☐ A: Initial payment at time of policy approval.

☐ B: Initial payment on Preferred Withdrawal Date (Choose the day the payment will be charged.)
1st – 28th _____

☐ C: Initial payment on Preferred Week/Weekday (Choose the week **and** weekday the payment will be charged e.g., 2nd week on Wednesday)
Week (1st, 2nd, 3rd, 4th)_____
Weekday (Mon, Tue, Wed, Thu, Fri)_____

AGREEMENT:

I understand and agree that this transaction is subject to the acceptance by, and the terms and conditions of, the credit card company/ bank indicated. I also understand this Authorization is not a part of the policy/contract of insurance, and that if premiums are not paid within the applicable grace period, the coverage will lapse.

I further understand and agree that the Company shall incur no liability if the bank/credit card company dishonors any amount charged under this Authorization. I also agree that this Authorization may be terminated at any time and for any reason by either myself or the Company upon notice to the other party. Upon termination of this Authorization, the Company will bill me directly for any premium amount due.

If applicable, I understand that I will be provided with confirmation of the recurring charge amount; however, the initial charge to my account will include all currently due and past due premiums.

By signing below, I authorize American General Life Insurance Company (the "Company") or its representative to charge my debit/credit card for the amount indicated above as premiums become due.

Signature of Authorized Cardholder

X _____

Date _____