INVESTORS HERITAGE
Life Insurance Company

P.O. Box 717 | Frankfort KY 40602-0717
Phone: (800) 422-2011 | Fax: (502) 875-7084

CREDIT / DEBIT CARD AUTHORIZATION

RESET FORM

THIS FORM MUST BE SUBMITTED TO INVESTORS HERITAGE BY FAX OR POSTAL MAIL. DO NOT SUBMIT BY EMAIL. DO NOT KEEP A COPY OF THE COMPLETED FORM. IF SENT BY FAX, CALL TO VERIFY IT HAS BEEN RECEIVED BY INVESTORS HERITAGE, THEN DESTROY THE ORIGINAL FORM.

AUTHORIZATION AND SIGNATURE

I hereby request and authorize Investors Heritage Life Insurance Company, Frankfort, Kentucky ("Investors Heritage") to charge my credit/debit card identified below for life insurance or annuity premium payments. I understand that these charges will continue until my policy has been paid-up or until I cancel this authorization. This authorization shall be subject to the following conditions:

(1) The preauthorized charge shall occur on or after the premium due dates unless otherwise specified:

(2) Investors Heritage shall not incur any liability for additional charges to the credit / debit card account by the bank or credit card company;

(3) Amounts not honored by the bank or credit card company after initial deposit shall constitute non-payment of premium and coverage shall lapse subject to all provisions of each policy;

(4) This authorization may be revoked by either party upon 30 days advance notice, and Investors Heritage may immediately revoke this request if any preauthorized charge is dishonored by the bank or credit card company when presented.

Date:	Name as it appears on card	Cardholder's Signature
_____	_____	_____

☐ **Apply payment information to attached application** ☐ **Apply to existing policies listed below**

Insured's Name (First, Last) _____ _____

Existing Policy Numbers _____ _____ _____

_____ _____ _____

CARD INFORMATION

Card Type ☐ **Visa** ☐ **Mastercard** ☐ **Direct Express** ☐ **Discover** **CCV (security code)** _____

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Exp Date** _____

Billing Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____

PREMIUM PAYMENT INFORMATION

Payments to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

CREDIT CARD ONLY **Enter date of month if specific charge day is requested (1st – 28th only):** _____

DIRECT EXPRESS DEBIT CARDS ONLY: Process payments on:

☐ 1st of month ☐ 3rd of month ☐ 2nd Wednesday ☐ 3rd Wednesday ☐ 4th Wednesday

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