



# INVESTORS HERITAGE®

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## CREDIT / DEBIT CARD AUTHORIZATION

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 (1<sup>st</sup> – 28<sup>th</sup> only): \_\_\_\_\_

**DIRECT EXPRESS DEBIT CARDS ONLY:** Process payments on:

1<sup>st</sup> of month     3<sup>rd</sup> of month     2<sup>nd</sup> Wednesday     3<sup>rd</sup> Wednesday     4<sup>th</sup> Wednesday