



Credit Card Authorization (For Initial Premium Only)

I. Instructions

1. Enter the name of the proposed insured.
2. Indicate the amount of the **proposed** premium. It must at least be equal to the first premium payment or first two premium payments if paying monthly.
3. Sign and date this authorization (Section III) and return with application package.

Note: Credit Card option is not available in Alaska, California, Maryland, New Jersey, North Carolina and Oklahoma.

II. Payment Information

Name of Proposed Insured: _____

Indicate the amount of the proposed premium: \$ _____
(It must at least be equal to the first premium payment or first two premiums if paying monthly.)

Payment method (initial payment only): VISA® or MASTERCARD®

Name of cardholder (exactly as it appears on card): _____

Card number _____ - _____ - _____ - _____ Expiration date _____ - _____

III. Authorization

I authorize Banner Life to collect the proposed premium stated above by the payment method I have selected. I understand and agree that this authorization is subject to the following conditions:

- Use of the selected payment method does not alter any provisions of any policy issued by Banner Life.
- **Signing this authorization does NOT mean that coverage is effective; coverage is effective only as stated in the application or conditional receipt, if issued.**
- Banner Life will initiate payment of the proposed premium only after an accurately completed and signed conditional receipt has been received by Banner Life, or a policy has been delivered to the policy owner.
- Any refund of initial premium paid by credit card will be refunded to my credit card account.
- If the payment method selected is not honored upon presentation, no coverage will be in effect and Banner Life will terminate any further attempt to use this payment method.
- This authorization may be withdrawn by the undersigned upon written notice at any time prior to presentation for payment. This authorization pertains to payment of the proposed premium only in the amount specified on this form, or the first premium due, or first two premiums due if paying monthly.

Authorized Cardholder Signature

*(Ensure that **only** the cardholder signs here)*

Date