



**AUTHORITY TO HONOR DEBIT OR CREDIT TRANSACTIONS
TO: LINCOLN HERITAGE LIFE INSURANCE COMPANY**

Policy: _____

I hereby authorize transactions to be processed using my debit / credit card payable to the Company named above. I fully understand that your responsibility does not extend beyond the honoring of such charges, and that you are not liable for lapse of insurance caused by non-payment of premium. This authority is to remain in effect until revoked by me in writing.

Cardholder's Name: _____

Billing Address: _____ **Phone:** _____

City/State/Zip: _____

Card Number: _____ **Expiration Date:** _____

Requested Payment Date (Select One):

Note: If both or neither options are selected, we will use option #1.

1. The _____ day of each month.

2. The (1st 2nd 3rd 4th) (Mon. Tues. Wed. Thurs. Fri.) of each month.
(Circle One) (Circle One)

Charge Past Due Premium On or After _____
(Date)

Cardholder's Signature: _____ **Date:** _____

Please note: Your full card information will not be retained after initial setup.
We will attempt to notify you when your card is close to expiration.