



**DEBIT/CREDIT CARD PREMIUM PAYMENTS
 AUTHORIZATION TO HONOR PRE-AUTHORIZED DEBIT/CREDIT CARD PAYMENTS
 PAYABLE TO: North Carolina Mutual Life Insurance Company (NCM)**

Bill Account Number: _____

As a convenience to me, I authorize you to make charges against the Credit Card or Debit Card account at the Financial Institution listed below. These charges are to be applied as premium payments or as otherwise instructed. I request that charges be made under my authority for each premium that is due.

I agree that:

NCM shall incur no liability by reason of the dishonor of any such debit entries or charges. This authorization shall not become effective unless and until the insurance policies are approved by NCM and shall relate only the issue date of said insurance policy(ies). This authorization shall continue in effect unless and until terminated by NCM or me by fifteen (15) days written notice to the other party. NCM may terminate the plan immediately if any charges are not paid when presented for payment. This authorization in no way modifies any terms of the policy(ies). I recognize that the premiums are due and authorize any required notice of premium due be waived. This authorization is applicable to the following:

I authorize the credit/debit card premium payment system processor to charge my credit/debit card an additional transaction fee of \$1.95 for each payment that is \$300.00 or less or, 2.5% of each payment that is greater than \$300.00.

SIGNED _____	DATE _____
<input type="checkbox"/> Initial Payment Only (Credit/Debit Card Only) <input type="checkbox"/> Recurring Payments – Requested Withdrawal Day _____ (1-28)	
FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	CHARGE TO: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	

 CARDHOLDER'S NAME AS APPEARS ON ACCOUNT

(_____) _____
 CARDHOLDER'S TELEPHONE NUMBER

 BILLING STREET ADDRESS

 CITY

 STATE

 ZIP CODE

□□□□ □□□□ □□□□ □□□□
 CREDIT CARD OR DEBIT CARD NUMBER

□□□
 CVC CODE

□□□□ □□□□
 EXP DATE: (MM/YY)

Please mail your completed form to:
 North Carolina Mutual Life Insurance Company
 Attn: Payment Processing/Auto Enrollment
 PO Box 281709
 Nashville, TN 37228



**DEBIT/CREDIT CARD POLICY LOAN REPAYMENTS
AUTHORIZATION TO HONOR PRE-AUTHORIZED DEBIT/CREDIT CARD PAYMENTS
PAYABLE TO: North Carolina Mutual Life Insurance Company (NCM)**

Bill Account Number: _____

As a convenience to me, I authorize you to make charges against the Credit Card or Debit Card account at the Financial Institution listed below. These charges are to be applied as policy loan repayments or as otherwise instructed.

I agree that:

NCM shall incur no liability by reason of the dishonor of any such debit entries or charges. This authorization shall not become effective unless and until the insurance policies are approved by NCM and shall relate only the issue date of said insurance policy(ies). This authorization shall continue in effect unless and until terminated by NCM or me by fifteen (15) days written notice to the other party. NCM may terminate the plan immediately if any charges are not paid when presented for payment. This authorization in no way modifies any terms of the policy(ies). This authorization is applicable to the following:

I authorize the credit/debit card premium payment system processor to charge my credit/debit card an additional transaction fee of \$1.95 for each payment that is \$300.00 or less or, 2.5% of each payment that is greater than \$300.00.	
Signed _____	Date _____
Recurring Payments – Requested Withdrawal Day _____ (1-28) Loan Repayment Amount \$ _____	
Charge to: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	

CARDHOLDER'S NAME AS APPEARS ON ACCOUNT (_____) CARDHOLDER'S TELEPHONE NUMBER

BILLING STREET ADDRESS CITY STATE ZIP CODE

CREDIT CARD OR DEBIT CARD NUMBER CVC CODE EXP DATE: (MM/YY)

Please mail your completed form to:
North Carolina Mutual Life Insurance Company
Attn: Payment Processing/Auto Enrollment
PO Box 281709
Nashville, TN 37228