



**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.