

United Funeral Directors Benefit Life Insurance Company
United Funeral Benefit Life Insurance Company
United Pre-Need Funeral Plans, Inc
Hawthorn Life Insurance Company

## **AUTOMATIC PAYMENT BY CREDIT CARD FORM**

One form for each policy.

I do hereby authorize United, as a convenience to me, to initiate entries to my credit card account at the credit card company listed on this form. I do hereby agree that if any such debit is not paid for any reason, you shall be under no liability whatsoever, even though such nonpayment could result in the forfeiture of insurance. This authority is to remain in effect until the company has received notification from me of its termination or when I have met all of my contract/policy payment obligations. I acknowledge receipt of a copy of this authorization.

Please note: Changing to a credit card payment may change the amount of your monthly premium.

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(PLEASE PRINT)	CARDHOLDER NAM	ME & BILLING ADDRI	ESS
NAME:			
ADDRESS:			
CITY, ST, ZIP:			
PHONE NO:			
	□ MASTER CARD	□ VISA	□ DISCOVER
CREDIT CARD NUMBER: DEBIT CARD NUMBER:			
EXPIRATION DATE: CVV2#			
□ Recurring Payments \$ Check one □ MO □ QTR □SA □ANN □ Choose date of Recurring Charge: □ 5 <sup>TH</sup> □ 15 <sup>TH</sup>			
Policy Number:			
Payor Name: (As officially shown on and used for Credit Card Account)			
Signature: (As officially shown on and used for Credit Card Account)  Date:			
30 Days notice is required to make any change to this authorization. Complete if credit card given is not the insured.			
NAME OF INSU	JRED   PREMIUM AMO	UNT	RELATIONSHIP
TOTAL AMOUNT OF PA	AYMENTS \$		

This form and any information attached is strictly confidential and will not be shared with any other entity, exception for the performance of the payment authorized herein.

Please return to: • UFDBLIC AND/OR UFBLIC • P O Box 831670 • RICHARDSON, TX 75083-1670

Or email to: united@unitedbenefitsinc.com