



United Funeral Directors Benefit Life Insurance Company

United Funeral Benefit Life Insurance Company

United Pre-Need Funeral Plans, Inc

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.

(PLEASE PRINT)	CARDHOLDER NAME & BILLING ADDRESS
NAME:	
ADDRESS:	
CITY, ST, ZIP:	
PHONE NO:	
	<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER

CREDIT CARD NUMBER:

DEBIT CARD NUMBER:

EXPIRATION DATE: _____ CVV2#

Recurring Payments \$ _____ Check one MO QTR SA ANN

Choose date of Recurring Charge: 5TH 15TH

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 INSURED	PREMIUM AMOUNT	RELATIONSHIP
TOTAL AMOUNT OF PAYMENTS \$ _____		

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