

**INITIAL PAYMENT FROM CREDIT/DEBIT CARD (circle one)**

I understand that my initial payment of \$\_\_\_\_\_ will be paid from my credit/debit card. Further, I understand that any full or partial refund of this initial payment will be paid to the same credit/debit card.

Type: MasterCard\_\_\_\_\_ Visa\_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Account Number: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Credit/Debit card address, if different from insurance application:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AGENT INSTRUCTIONS TO OBTAIN AUTHORIZATION CODE**

- 1. Call 1-800-741-5682.
- 2. Press (1) for touchtone.
- 3. Enter our merchant ID # 8000304231, then press #.
- 4. Confirm correct number by pressing #.
- 5. Press (1) for authorization.
- 6. Press (1) for sale.
- 7. Enter card number, then press #.
- 8. Enter the 4 digit expiration number, then press #.
- 9. Enter the amount (round up to the next \$1.00), then press #.  
(Example, amount is \$69.50 enter \$70.00 - code only, correct amount will be deducted)
- 10. Confirm amount by pressing #.
- 11. Record the authorization code \_\_\_\_\_

**AUTHORIZATION FOR MONTHLY DEDUCTION FROM MY ACCOUNT**

Draft From: Checking\_\_\_\_\_ Savings\_\_\_\_\_ Third Party\_\_\_\_\_

Account in the name of: \_\_\_\_\_  
(Print Name as Shown on Bank Document)

Name of Bank and Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ACH Routing #: \_\_\_\_\_ Account#: \_\_\_\_\_  
(always 9 digits)

I (we) hereby authorize Family Heritage Life Insurance Company (FAMILY HERITAGE) to initiate entries to my (our) checking/savings accounts at the financial institution listed above (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. The authority will remain in effect until FAMILY HERITAGE is notified by me (us) in writing to cancel it in such time as to afford FAMILY HERITAGE and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. Such writing will be sent by me (us) to FAMILY HERITAGE at the Executive Office in Broadview Heights, Ohio.

I request that such deductions be drawn from my account on the \_\_\_\_\_ day of each month.  
(Note: the 29<sup>th</sup>, 30<sup>th</sup>, and 31<sup>st</sup> are not available dates)

Date \_\_\_\_\_ Signature of Bank Depositor \_\_\_\_\_