



Recurring Credit/Debit Card Payment Authorization Form

Profile ID Number: _____

Credit Card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

(Pre-paid credit cards are not acceptable)

Enter Last 4 digits of Credit Card Number:

Expiration Date of Credit Card: _____

Name as it appears on Credit Card: _____

Billing Address of Credit Card: _____
Address

City State Zip

I hereby authorize Standard Life and Accident Insurance Company (SLAICO) to charge my credit/debit card number with the last four digits listed above for the amount due. I understand that this Recurring Payment Authorization is to remain in effect until SLAICO has received notification from me of termination of this authorization. If the payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day.

If the amount initially charged changes, SLAICO will provide notification of the new amount prior to the first scheduled transaction date. If necessary, SLAICO may initiate adjustments for any charges made in error or for any refunds due.

I certify that I am the authorized user of this credit/debit card and I will not dispute the payment with my credit card company; provided that the transactions correspond to the terms indicated in this authorization form.

If this application is taken over the phone, I agree that my electronic signature serves as my original signature.

Cardholder Signature: _____ Date: _____