



CC 614

AFBA/5Star Life Credit Card Authorization Form

Requested Eff/1st Draft Date (MMDDYYYY)
(Must be less than 30 days from sign date.)

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(For Final Expense use only)

List all Applicant/Insured's SSNs whose insurance coverage will be paid with this Credit Card:

1. Applicant/
Insured's SSN:

2. Applicant/
Insured's SSN:

3. Applicant/
Insured's SSN:

4. Applicant/
Insured's SSN:

5. Applicant/
Insured's SSN:

6. Applicant/
Insured's SSN:

7. Applicant/
Insured's SSN:

8. Applicant/
Insured's SSN:

Payor's name as it appears on credit card. (Must be completed):

Last Name

First Name

M.I. Payor's SSN:

Billing Address:

Address Line 1

Address Line 2

City State Zip

Only Visa/MasterCard Accepted

Credit Card Account Number: Exp Date:

Authorization Code (3 digit number found on the back of your card after your account number): Day of Deduction (01-28)
(2W, 3W, 4W - Final Expense Only):

I authorize AFBA/5 Star Life to charge my credit card as indicated above. I understand that AFBA/5 Star Life will safeguard my credit card information. I understand that if my credit card is not accepted for payment, I have the option to pay via direct billing. The life insurance coverage applied for will not become effective until approved and upon receipt of all monies due. If the Day of Deduction specified above is greater than 28, AFBA/5 Star Life will automatically default initial and subsequent charges to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA/5Star Life will default the electronic debit entry to the next business day. I understand my account is considered paid when the credit card facility approves the transaction. I also understand that the amount to be charged will be automatically adjusted if I change my coverage, status, or the monthly contribution/premium changes due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA/5 Star Life to charge my credit card equal to the amount in arrears. This agreement will remain in effect until AFBA/5 Star Life cancels it upon notice to me, or I notify AFBA/5 Star Life in writing at least 10 days in advance to cancel it.

Cardholder's Signature Date

6/14

Please detach and keep this portion for your records.

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AFBA | **5STAR**
LIFE INSURANCE
COMPANY



CHK 614

AFBA/5Star Life Checkmatic Authorization Form

Electronic Funds Transfer

Requested Eff/1st Draft Date (MMDDYYYY)
(Must be less than 30 days from sign date.)

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(Final Expense use only)

List all Applicant/Insured's SSNs whose insurance coverage will be paid with this Checkmatic:

1. Applicant/ Insured's SSN:	2. Applicant/ Insured's SSN:
3. Applicant/ Insured's SSN:	4. Applicant/ Insured's SSN:
5. Applicant/ Insured's SSN:	6. Applicant/ Insured's SSN:
7. Applicant/ Insured's SSN:	8. Applicant/ Insured's SSN:

Payor's name as it appears on bank account. (Must be completed):

Last Name

First Name M.I. Payor's SSN:

Address of Payor

Address Line 2

City State Zip

Bank ABA No.* (First 9 digits on bottom left of check):

Day of Deduction (01-28)
(2W, 3W, 4W - Final Expense Only):

☐ Checking ☐ Savings Account Number*:

Bank's Name and Address: _____

I authorize AFBA/5Star Life to initiate electronic debit entries to my checking or savings account as indicated above. If the Day of Deduction specified is greater than 28, AFBA/5Star will automatically default initial and subsequent debits entries to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA/5Star Life will default the electronic debit entry to the next business day. I understand that processing at my financial institution may result in the debit entry transaction being completed on a date different than specified above. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect not to receive notice if such entry is less than or equal to the amount due for my monthly payment. I also understand that the amount will be automatically adjusted if I change my coverage, status, or the monthly contribution/premium changes due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA/5 Star Life to debit my account equal to the amount in arrears. I understand that I or my authorized representative have the right to make changes to or cancel this agreement at any time provided the change or cancellation request is received by AFBA/5Star Life in writing with at least 10 days advance notice before the next deduction is taken.

Payor's Signature _____ Date _____

***IMPORTANT:** This service is available to members with checking accounts in most U.S. banks, credit unions and savings banks. The account must be in U.S. dollars. **To start Checkmatic we must have your bank routing number and account number.** These are printed on your checks. 6/14

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