



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

## **AFBA/5Star Life Credit Card Authorization Form**

List all Applicant/learned/a CCMs where in-		sh ship Condis Condi		/For Final France		
List all Applicant/Insured's SSNs whose insured.  1. Applicant/ Insured's SSN:		2. Applicant/ Insured's SSN:		(For Final Exper	ise use only)	
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. (Me	ust be completed):					
Name						
First Name	M.I.	Payor's SSN:				
Billing Address: Address Line 1						
Address Line 2						
City		State Zi	р			
Only Visa/MasterCard Accepted						
Credit Card Account Number:			Exp Da	nte:		
Authorization Code (3 digit number found on the I	pack of your card after your acc	ount number):	,	of Deduction (01 3W, 4W - Final Ex	,	
I authorize AFBA/5 Star Life to charge my credit card that if my credit card is not accepted for payment, I approved and upon receipt of all monies due. If the Day entry to the next business day. I understand my accepted to be charged will be automatically adjusted if I chard the event that my coverage is not paid current. I also	nave the option to pay via direct b lay of Deduction specified above i of Deduction falls on a non-busine ount is considered paid when the uge my coverage, status, or the m	illing. The life insurance s greater than 28, AFBA ss day in any given mo credit card facility appro onthly contribution/prer	e coverage appl A/5 Star Life wil nth, AFBA/5Sta oves the transa nium changes	ied for will not be I automatically do or Life will default ction. I also unde due to entry into a	ecome effective efault initial and the electronic erstand that the a new age bra	e until nd sub- c debit e amount cket. In

## Please detach and keep this portion for your records.

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.

CreditCard Form R2014 Admin Office: 909 North Washington Street, Alexandria, Virginia 22314 • 1-800-776-2322 • www.afba.com

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

6/14 (8/14)

6/14





## **AFBA/5Star Life Checkmatic Authorization Form**

**Electronic Funds Transfer** 

Requested Eff/1st Draft Date (MMDDYYYY)

		(Must be less than 30 days from sign date.)		
List all Applicant/Insured's SSNs whose insurance coverage v	will be paid with this Checkmatic:	(Final Expense use only)		
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 comple	eted):			
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 rethan 28, AFBA/5Star will automatically default initial and subsequent deany given month, AFBA/5Star Life will default the electronic debit entry in the debit entry transaction being completed on a date different than sentry that varies in amount from the previous entry, but I elect not to realso understand that the amount will be automatically adjusted if I changage bracket. In the event that my coverage is not paid current, I also aut I or my authorized representative have the right to make changes to or a AFBA/5Star Life in writing with at least 10 days advance notice before the	bits entries to the first of the month. If the D to the next business day. I understand that pecified above. I understand that I have the ceive notice if such entry is less than or equage my coverage, status, or the monthly contrathorize AFBA/5 Star Life to debit my account cancel this agreement at any time provided the	ay of Deduction falls on a non-business day in processing at my financial institution may result right to receive notice of each electronic debit all to the amount due for my monthly payment. I ibution/premium changes due to entry into a new equal to the amount in arrears. I understand that		
Payor's Signature	Date	•		
*IMPORTANT: This service is available to members with a must be in U.S. dollars. To start Checkmatic we must have	checking accounts in most U.S. banks, credi ve your bank routing number and account	t unions and savings banks. The account number. These are printed on your checks. 6/14		
Please detach and	l keep this portion for your re	cords.		
I authorize AFBA/5Star Life to initiate electronic debit entries to my chec 28, AFBA/5Star will automatically default initial and subsequent debits of	cking or savings account as indicated above. entries to the first of the month. If the Day of	If the Day of Deduction specified is greater than 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 authorize AFBA/5 Star Life to debit my account equal to the amount in arrears. rized representative have the right to make changes to or cancel this agreement at any time provided the change or cancellation request is received by AFBÁ/5Star Life in writing with at least 10 days advance notice before the next deduction is taken.

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