



Credit Card Authorization for First Payment

This form authorizes Time Insurance Company to charge your credit card for first payment only and allows you to choose a secondary bill type (either Check-O-Matic or Direct Bill) for subsequent premium payments.

Complete either the Check-O-Matic or Direct Bill checkbox to indicate the secondary bill type:

Check-O-Matic: [] Monthly
Direct Bill (select only one billing mode): [] Quarterly [] Semi-Annual [] Annual

IMPORTANT: The initial credit card payment will be equal to the billing mode chosen for the secondary bill type—monthly, quarterly, semi-annual or annual.

Applicant Name: _____ Application Number: _____

If billing address is different than resident address, please complete:

Payor Name Address City State ZIP

AUTHORIZATION FOR CREDIT CARD PAYMENT
Complete this section in full. Your credit card will be charged for first payment only.

When selecting MasterCard/VISA: I authorize Time Insurance Company to charge my account for the Individual Medical policy listed above. I understand there will be no refund of premium after the 10-day free look period in the contract.

[] VISA [] MasterCard

Credit Card Number: _____ Expiration Date: ____ / ____

Name as it appears on card: _____

Signature of Cardholder: _____ Date: _____

Cardholder Address City State ZIP

AUTHORIZATION FOR CHECK-O-MATIC BILLING ONLY
Complete this section only if you choose monthly Check-O-Matic as the secondary bill type.

Choose the following option that applies:

- [] To add this policy to an existing Check-O-Matic: Existing COM number: _____ Associated policy number: _____
[] To begin Check-O-Matic withdrawals: Select a desired withdrawal day (1-28): _____
Bank name: _____ City: _____ State: _____
Routing number - (9 digits): _____ Account number: _____

I (we) hereby authorize Time Insurance Company, hereinafter called COMPANY, to initiate debit entries to the account and depository, hereinafter called DEPOSITORY, indicated on the other side, to debit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature of Payor

Date Signed