## **Credit Card Authorization Form**

Form to be used only for the collection of *initial* insurance premium on Term, Whole Life, and Accident & Health Products Only

## **American General Life Insurance Company**

Please read this authorization carefully and	complete all requested items.
Type of Insurance/Contract Applied For: _	
Policy Number:	
Name of Proposed Insured:	
Proposed Policy Owner:	
Cardholder Name: (exactly as it appears or	n the card)
Cardholder Email Address:	
Cardholder Billing Address:	
Credit Card Number:	Expiration Date:
Card Type: $\square$ American Express <sup>®</sup> $\square$ M	asterCard® □ Visa®
Quoted Initial Premium Amount:	
I authorize and request the Company and/ Premium Amount. I understand and agree	or its representative to charge the credit card listed above for the Quoted Initial that:
<ol> <li>If there are no changes to the polic will be processed when the Compa</li> </ol>	y as applied for, the charge to the account for the Quoted Initial Premium Amount any places the policy in force.
	cy as applied for, any new Initial Premium Amount will be communicated to me. to the account for the new amount will be processed when the Company places
Any information gathered may be disclose further consent.	d to any person or entity required to receive such information by law or as I may
company indicated above. I understand a of insurance applied for and does not more Company shall incur no liability if the cree may terminate this Authorization immedia any and all costs, claims, or causes of accobtain information and/or reports from a cor authenticate the information and answ	in is subject to the acceptance by, and the terms and conditions of, the credit card and agree that this Authorization Form is not a part of the application or policy dify any terms or conditions contained therein. I understand and agree that the dit card company dishonors any amount charged under this Authorization and ately if any charges are not paid. I agree to hold the Company harmless from tions arising from or related to this authorization. I authorize the Company to onsumer reporting agency or other company(ies) in order to verify, validate and/ers presented on this form. I understand and agree that payment of the initial for coverage to be placed into effect. If the charge is declined for any reason, lot be placed into effect.
Name of Authorized Person (printed):	Date
For Internal Use Only	
	Date:
Signature of Authorized Person on Account  X	
Signed on (date)	

Please return this copy with the application.



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	nsurance/Contract Applied For:
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Cardho	ler Billing Address:
Credit (	ard Number: Expiration Date:
-	e:   American Express®   MasterCard®   Visa®  nitial Premium Amount:
	ze and request the Company and/or its representative to charge the credit card listed above for the Quoted Inition Amount. I understand and agree that:
1)	f there are no changes to the policy as applied for, the charge to the account for the Quoted Initial Premium Amour will be processed when the Company places the policy in force.
2)	n the event of changes to the policy as applied for, any new Initial Premium Amount will be communicated to me f I accept that change, the charge to the account for the new amount will be processed when the Company place the policy in force.
	rmation gathered may be disclosed to any person or entity required to receive such information by law or as I ma onsent.
compa of insu Compa may te any an obtain or auth premiu	and and agree that this transaction is subject to the acceptance by, and the terms and conditions of, the credit car a indicated above. I understand and agree that this Authorization Form is not a part of the application or policince applied for and does not modify any terms or conditions contained therein. I understand and agree that they shall incur no liability if the credit card company dishonors any amount charged under this Authorization and ninate this Authorization immediately if any charges are not paid. I agree to hold the Company harmless from all costs, claims, or causes of actions arising from or related to this authorization. I authorize the Company to formation and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and inticate the information and answers presented on this form. I understand and agree that payment of the initial is one of the conditions required for coverage to be placed into effect. If the charge is declined for any reason, and and agree that coverage will not be placed into effect.
Name (	Authorized Person (printed): Date
	of Authorized Person on Account
X	
Signed	(date)

Applicant: Please retain this copy for your records.

