



CREDIT CARD AUTHORIZATION FORM

Please answer all questions completely.

Cardholder's name: _____ Tel: _____

Address: _____
Street City State Zip Code

VISA
MASTERCARD

Card Number _____

Expiration Date: _____

Policy #: _____ Name of Insured: _____

Amount to be charged: _____

Please charge my credit card on a:

Date of Debit:

Monthly basis	_____ (Initials)	_____
Quarterly basis	_____ (Initials)	_____
Semi-annual basis	_____ (Initials)	_____
Annual basis	_____ (Initials)	_____

By signing below, I authorize Visa or MasterCard to periodically bill the appropriate premium on my statement and to automatically renew my insurance unless cancelled in writing by me or by The Supreme Council of Royal Arcanum.

Card Holder's Name (PLEASE PRINT): _____

Card Holder's Signature: _____

Date: _____