

American General
Life Companies

Credit Card Authorization Form

Form to be used only for the collection of *initial* insurance premium

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 on the card) _____

Cardholder Billing Address: _____

Credit Card Number: _____ Expiration Date: _____

Card Type: American Express® MasterCard® Visa®

Quoted Initial Premium Amount: _____ Mode of ongoing premium payments: _____

By signing below, I, _____, authorize American General Life Insurance Company ("Company") or its representative to charge my credit card, listed above. I also understand and agree that:

- 1) If there are no changes to the policy/contract as applied for or the frequency of ongoing premium payments, the charge to my account for the Quoted Initial Premium Amount will be processed when the Company places my policy/contract in force.
- 2) In the event of changes to the policy/contract as applied for or the mode of ongoing premium payments, the new information will be communicated to me. If I accept the change(s), the charge to my account for the new amount will be processed when the Company places my policy/contract in force.

I understand and agree that this transaction is subject to the acceptance by, and the terms and conditions of, the credit card company indicated above. **I understand and agree that this Authorization Form is not a part of the application or policy/contract of insurance applied for and does not modify any terms or conditions contained therein.** I understand and agree that the Company shall incur no liability if the credit card company dishonors any amount charged under this Authorization and may terminate this Authorization immediately if any charges are not paid. I agree to hold the Company harmless against any liability pursuant to this authorization. I understand and agree that payment of the initial premium is one of the conditions required for coverage to be placed into effect. **If the charge is declined for any reason, I understand and agree that coverage will not be placed into effect.**

Cardholder's Signature: X _____ Date: _____

For Internal Use Only #: _____ Date: _____
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