FIDELITY LIFE
Established 1896
Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523
Tel 630.522.0392
Fax 630.522.0397

Policy Number

Premium Payment Options - Customer Service

Policyowner Name (please print) ______ Daytime Phone # ______

Insured's Name (please print) ______ Insured's Date of Birth ______ Daytime Phone # ______

Complete the section below corresponding to your choice of payment option:

SECTION 1: AUTOMATIC WITHDRAWAL (Void Check Required)

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Premium will be deducted on the same day of the month as the policy date. If you prefer a different withdrawal date, please indicate in the space provided. (Choose from days 1-28 only): ______

Name of Financial Institution ______

ABA Routing Number ☐☐☐☐☐☐☐☐☐ City ______ State ______

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(must include dashes & spaces as they appear in your account number)

Attach payment and/or void check
(Please staple your check to the left margin.)

SECTION 2: CREDIT CARD (Not all products are available, please contact Customer Service)

Automatic payment by credit card: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name as it appears on card ______
(Please print)

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐/☐☐

Note: **You are responsible for notifying the Company in writing of any changes to your credit card information.**

SECTION 3: DIRECT BILL

☐ Quarterly ☐ Semi-annually ☐ Annually

Attach payment
(Please staple your check to the left margin.)

SECTION 4: AUTHORIZATION

I authorize the Company to draw checks, drafts or electronic debits against my account, or charge my credit card for the necessary premium to continue my coverage. This authorization shall remain in effect until revoked in writing by me or the Company. I understand that if I have chosen Option 2 above, the Company will charge my credit card for subsequent premiums.

Account/Cardholder Signature ______ Date ______ City and State ______