



GUARANTEE  
TRUST  
LIFE

### CREDIT CARD AUTHORIZATION

Not applicable if paying by check or money order

CREDIT CARD AUTHORIZATION

Last Name (on card):

Initial: First Name:

\_\_\_\_\_

Billing Address Street:

City:

State: Zip Code:

\_\_\_\_\_

Phone Number:

Card Type (check one):

Card Number:

Exp. Date:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  Visa  Master Card  Discover \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

I authorize Guarantee Trust Life Insurance Company to bill my VISA / MASTERCARD / DISCOVER for insurance plan(s) provided by Guarantee Trust Life Insurance Company.

This authorization is to remain in full force until Guarantee Trust Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Guarantee Trust Life Insurance Company reasonable opportunity to act upon it.

Signed \_\_\_\_\_

Date \_\_\_\_\_