

AMERICAN FUNDS INITIAL CONTRIBUTION
CREDIT CARD OR ACH AUTHORIZATION

PLEASE COMPLETE THE FOLLOWING AND RETURN TO THIS OFFICE.

Name of Insured/Member: _____

Policy/Member #: _____

E-Mail Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

THIS SINGLE PAYMENT ONLY Amount: **\$250.00 (Initial Mutual Fund Contribution)**

Print name as appears on card / Account: _____

I authorize the credit card charge of my premium and related fees to my:

Visa _____ MasterCard _____ Discover _____ American Express _____

Card # _____

Expiration Date: _____ Security Code: _____

OR

I authorize the ACH of my premium and any related fees to my:

_____ Checking Account _____ Savings Account

I understand that any ACH/EFT or credit card payment that is not honored by my bank for any reason will be subject to the service charge then in effect and will be added to this past due payment amount.

Routing # _____

Account # _____

Insured Signature: _____ Date _____

Depositor Signature: _____ Date _____