CNA INTERNATIONAL LIFE

PREAUTHORIZED CREDIT CARD PAYMENT REQUEST

Drawn by and payable in U.S. $ to:
CNA International Life Company

Insured Name: _____

Policy # (if known): _____

Account Name: _____

Address of Account Holder: _____

Identification # of Account Holder: _____

Card Type: ☐ Visa ☐ MasterCard

Expiration Date:

Month		Day		Year			

Account number:

Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

***Note: For monthly mode, please submit two month's initial premium by check, money order, or wire transfer.**

For monthly billing only: Requested Credit Card Bill Day
(Must be before the 29th of the month): _____

As a convenience to me, I hereby request and authorize the credit card company to charge premium payments to my account payable to the order of the CNA International Life Company provided there is sufficient credit in said account to pay the same upon presentation.

I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, the credit card company shall be under no liability whatsoever even if such dishonor results in the forfeiture of insurance.

_____
Credit Card Holder Signature Date

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I agree to the following conditions:
1. This authorization is revocable by the undersigned upon receipt by the Company of written revocation.
2. If any such draw is dishonored, the premium for which the charge is made shall be considered in default.

_____
Credit Card Holder Signature Date