



LUSO-AMERICAN FINANCIAL

A Fraternal Benefit Society

Credit Card Authorization Form

Schedule your payment to be automatically deducted from your Visa, MasterCard, and Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

TYPE OF PAYMENT: One-Time ONLY Recurring

I, _____, authorize Luso-American Financial to charge my credit card

(Full name)

indicated below for \$ _____ on the _____ of the month

(1st - 28th)

Please select one of the following if recurring: Monthly Quarterly Semi-Annually Annually

for payment to _____

(Policy Name & Policy Number)

Billing Address: _____ Phone#: _____

City, State, Zip: _____ Email: _____

Account Type: Visa MasterCard Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV (3 digit number on back of Visa/MC/Discover): _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Luso-American Financial in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Printed Name: _____

Signature: _____

Date: _____