PNB Life Insurance, Inc.

AUTHORIZATION FOR CONTINUOUS BILLING

This authorizes **PNB Life Insurance, Inc.** to automatically charge the insurance premium due for my application/policy no. _____, in the amount and other details as stated hereunder, from my credit card:

Card Type ☐ VISA ☐ Mastercard

Card Issued by _____

Card Account No. ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Cardholder's Name _____

Cardholder's Address _____

_____

Card Expiry Date ___ ___ / ___ ___ ___ ___
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I fully understand and agree that the authorization shall be on a continuing basis unless cancelled by the undersigned in writing or as determined PNB Life Insurance, Inc.

Signed at _____ this _____ day of _____ 20 _____.

_____ _____
Signature over Printed Name of Cardholder Date

_____ _____
Signature over Printed Name of Witness Date

FOR HOME OFFICE USE ONLY	
Application No.	Policy No.
Policy Date	Amount of Premium
Frequency of Payments	Premium Due Dates
Verified by	Date verified

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