

If you would like to enjoy the convenience of automatic billing to your credit card, simply fill out all of the information below. Upon approval, we will then automatically bill your primary credit for amounts due. We will bill your alternate credit card, if provided, only if the primary credit card is declined for some reason. Your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at: Time Insurance Company, P.O. Box , Milwaukee, WI 53201-2948 or by fax at 414-299-8906.

Please Print

Name

Social Security Number

Home Phone – include area code

Work Phone – include area code

PRIMARY CREDIT CARD ACCOUNT

MasterCard

Visa

ALTERNATE CREDIT CARD ACCOUNT (optional)

MasterCard

Visa

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing address for credit card (Street, Apt #)

Billing address for credit card (Street, Apt #)

City, State, ZIP

City, State, ZIP

Credit card number

Credit card number

Expiration date

Expiration date

I authorize Time Insurance Company to automatically bill my regular monthly charge to one of the credit cards listed above.

Signature

Today's date

* **Visa Credit Card Users:** Flip your card over and look at the signature box. You should see a 16-digit credit card number followed by a special 3-digit code. This 3-digit code is your Card Identification Code.

* **MasterCard Credit Card Users:** Flip your card over and look at the signature box. You should see a 16-digit credit card number followed by a special 3-digit code. This 3-digit code is your Card Identification Code.