



CREDIT CARD REMITTAL FORM

I, _____ authorize RF&G Life Insurance Company Limited to

charge my credit card: VISA MASTERCARD

Credit Card Information:

Name of Card Holder _____

Card Number _____

Expiration Date (Month/Year) _____

Amount to charge: BZ\$ _____

Note: The above amount will be charged up until the insurance has been cancelled by the policy holder.

Policy Information:

Policy Number(s)	Premium Amount

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Work #: _____ Home #: _____ Mobile #: _____ Email: _____

Effective date card to be processed: _____ 15th \$ _____ month end \$ _____

Frequency of Payment: Monthly Quarterly Semi-Annual Annually

*I acknowledge that, in the event the direct debit of any insurance premium by credit card for my Insurance Policy is **rejected or declined** for any reason, it will become my personal responsibility to immediately pay the premiums for my insurance policy, or my policy may be terminated and/or cancelled.*

Cardholder Signature: _____

Date Signed: _____

Name of Agent: _____

RF&G LIFE INSURANCE COMPANY LTD.

Gordon House

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