

**Pre-Authorized Insurance Debit (PAID)
DIRECT EXPRESS CARD FAX FORM
CONFIDENTIAL INFORMATION**

**Complete this form and fax with your application to: Fax: 1-888-525-5002
A copy of this form should not be kept on file.**

Agent Name: _____ **Date:** _____

Premium Payments as Easy as PAID (Pre-Authorized Insurance Debit)

I request that my Direct Express Card below be charged for life insurance or annuity premiums owed to **Liberty Bankers Life Insurance Company (LBL)** for the policy insuring _____, and that such charge occur every Month:

1. _____ **FOR DIRECT EXPRESS CARD, LBL WILL PROCESS ALL PAYMENTS ON THE BENEFIT PAYMENT RESET DATE OF:**

- 1st of month 3rd of month 2nd Wednesday 3rd Wednesday 4th Wednesday

2. _____ **Special Instructions:** _____

| | | |
|---------------------------------|--------|------------|
| DIRECT EXPRESS CARD ONLY | | |
| Direct Express Card Acct. # | | Exp. Date: |
| Name as it Appears on Card: | | |
| Card Billing Address | | |
| Street Address or PO Box: | | |
| City: | State: | Zip: |
| Telephone Number: | | |

I hereby authorize and request **LBL** to charge my Direct Express card identified above for life insurance or annuity premiums as selected above. I understand that initiating automatic payments in this manner may result in additional charges to bring my account current. **I understand that these charges shall continue until my policy has been paid-up, or until I cancel these charges to this Direct Express card.** I also understand that I may be subject to charges by my Direct Express card company if any premium so charged causes my account to go over its charge limit, and that other charges I may make to my card may be denied in such event, pursuant to my Direct Express card agreement, and I hold **Liberty Bankers Life Insurance Company** harmless for the same.

Card Holder Signature: _____ *(e-signed)* **Date:** _____

Agent's Signature *(e-signed)* Date

The electronic signature(s) above fully comply with the Federal Electronic Signature status, Title 15, U.S.C., Chap. 96, Sec. 7001, et seq., and is therefore fully legal and valid as an original signature.

**Liberty Bankers Life Insurance Company
PO Box 224 Brownwood TX 76804 Fax # 1-888-525-5002**