

Please write legibly. All fields are required.

Last Name	MotherLast Name	Policyholder's Name	Middle
Seguro Social			

CREDIT CARD INFORMATION

If my insurance application is approved, I authorize Trans-Oceanic Life Insurance Company (TOLIC), to debit my credit card for the initial premium payment, for said insurance to be effective, including subsequent payments. This authorization is limited to the payment of premiums subscribed with TOLIC.

Credit Card Name	Name on Card		
Transfer Day	Security Code (CVC)	Expiration Date (MM/AA)	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		

ELECTRONIC TRANSFER INFORMATION

I request and authorize Trans-Oceanic Life Insurance Company (TOLIC) to make electronic debits and any credit adjustments if necessary in debit transactions under the account:

Account Name	Route ABA Number
Financial Institution Name	
Transfer Day	Bank Account Type <input type="checkbox"/> Checking Account (Current) <input type="checkbox"/> Master Card

If my insurance application is approved, I authorize Trans-Oceanic Life Insurance Company (TOLIC), to debit from my bank account the payment of the initial premium and the subsequent payments, so that said insurance is effective. This authorization is limited to the payment of premiums subscribed with TOLIC.

_____ Date (DD/MM/AAAA)

_____ Signature