



Established 1896

Fidelity Life Association
P.O. Box 5030
Des Plaines, IL 60017
Tel 800-369-3990
Fax 866-375-8175

Policy Number

Premium Payment Options – Customer Service

Policyowner Name (please print) Daytime Phone #
Insured's Name (please print) Insured's Date of Birth Daytime Phone #
Payor's Name (please print) Daytime Phone #
Payor's Address City State Zip

Complete the section below corresponding to your choice of payment option:

SECTION 1: AUTOMATIC WITHDRAWAL (Void Check Required)

Monthly Quarterly Semi-annually Annually
Premium will be deducted on the same day of the month as the policy date. If you prefer a different withdrawal date, please indicate in the space provided. (Choose from days 1-28 only):
Name of Financial Institution
ABA Routing Number City State
Account Number Checking Savings
Attach payment and/or void check (Please staple your check to the left margin)

SECTION 2: CREDIT CARD

NOTE: Fidelity Life recommends that the payor call Customer Service at (800) 369-3990 to provide the credit card information.
Automatic payment by credit card: MasterCard VISA American Express Discover
Name as it appears on card (Please print)
Card Number Expiration Date CVV#

SECTION 3: DIRECT BILL

Quarterly Semi-annually Annually Attach payment (Please staple your check to the left margin)

SECTION 4: AUTHORIZATION

I authorize the company to draw checks, drafts or electronic debits against my account, or charge my credit card for the necessary premium to continue my coverage. This authorization shall remain in effect until revoked in writing by me or the Company. I understand that if I have chosen Option 2 above, the Company will charge my card for subsequent premiums.
Payor's Signature Date City and State