

CREDIT CARD AUTHORIZATION

Card Number

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Expiration Date

Month

Year

Please indicate which card: VISA MASTERCARD

Accident Production Plan \$ _____

Other _____

Total Premium _____

Registration fee (Initial payment only) _____

Total premium & Registration fee (Initial payment only) _____

I wish my premium to be paid in accordance with the mode I have selected.

- Monthly
- Quarterly
- Semiannual
- Annual

I authorize American Family Life Assurance Company of Columbus (AFLAC) to charge my VISA/MASTERCARD account, in accordance with the premium rate that I have chosen. Premiums will be advanced by my bank to AFLAC until authorization is cancelled by me in writing. Cancellation will be effective on the first day of the month following receipt of notice to cancel.

Signature _____ Date _____

American Family Life Assurance Company of Columbus (AFLAC), Worldwide Headquarters: 1932 Wynnton Rd., Columbus, GA 31999-0001