



Security National Life Insurance Company

P.O. Box 57220, SLC UT 84157-0220

(801) 264-1060 | Toll Free: (800) 574-7117 | Fax: (866) 666-4450

Credit Card Authorization Form

I, _____ authorize Security National Life Insurance Company to pay my insurance premium from my:

Visa MasterCard American Express Discover

Credit Card Number: _____ Security Code: _____

Expiration Date: _____
month/year

One time only
 Continue until further notice

Amount \$ _____ Date of the Month to be charged: _____

I agree to pay these credit charges when presented to me for payment.

Signed: _____

Dated: _____

Policy #: _____

Mailing address, exactly as it appears on credit card billing statement:

Name: _____

Street: _____

Apartment # (if any): _____

City: _____

State: _____

Zip Code: _____

Home Phone #: _____

Your card will be processed through:

Security National Life Insurance Company

P.O. Box 57220 • Salt Lake City, UT 84157-0220

5300 South 360 West, Suite 250 • Salt Lake City, UT 84123

Toll Free: (800) 574-7117 • Fax: (866) 397-9668