Chase Insurance Life and Annuity Company
Chase Insurance Life Company
2500 Westfield Drive, Elgin, Illinois 60123-7836 - the "Company"
1-800-321-9313

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 #

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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(must include dashes & spaces as they appear in your account number)

Attach payment and/or void check
(Please staple your check to the left margin.)

SECTION 2: CREDIT CARD (Not all products are available, please contact Customer Service)

Automatic payment by credit card (Quarterly Only): ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name as it appears on card _____
(Please print)

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐/☐☐

Note: **You are responsible for notifying the Company in writing of any changes to your credit card information.**

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 credit card for subsequent quarterly premiums.

Account/Cardholder Signature | Date | City and State