

Credit Card Authorization
 (for first annual premium only, up to \$50,000)

Please print

Policy Number		Application Number	
Insured's Name			
Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>	Card Number <input type="text"/>	Expiry Date <input type="text"/>	

I authorize BMO Life Assurance Company (BMO Insurance) to charge \$ _____ to the above account in respect to the above policy number or application number.

Upon receipt of this form, BMO® Insurance will request necessary authorization from the issuer of your credit card. If such necessary authorization is obtained from the issuer, your account will be debited accordingly. Payment to BMO Insurance by the issuer pursuant to the above will constitute and represent "an amount paid" and, as such, is governed by the provisions of your policy.

Signature of Cardholder

Date signed (dd/mm/yyyy)

Cardholder's Name (please print)