



Texas Life & Health Insurance Guaranty Association

1717 West 6th Street, Suite 230, Austin, TX 78703

Phone: 512-476-5101 • Fax: 512-472-1470 • Website: www.txlifega.org

Credit Card Single Transaction Authorization

Sign and complete this form to authorize the Texas Life and Health Insurance Guaranty Association (“TLHIGA”) to make the charge to your credit card listed below. By signing this form, you give us permission to charge your credit card for the amount indicated on the date specified, or the next business day. This is permission for a single transaction only. The TLHIGA will require an additional authorization for future, single transactions.

I _____ authorize the TLHIGA to charge my credit card account indicated
(Name)

below for \$ _____ on _____.
(Amount) (Date)

This payment is for the premium due on Calanthe Mutual Life Insurance Company, in Liquidation, policy _____
(Policy Number)

Credit Card Details

Visa MasterCard American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Contact Information

Credit Card Billing Information (if different)

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone # _____

Phone # _____

Email _____

I authorize the TLHIGA to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for single transaction use only. I certify that I am an authorized user of this credit card and that I will not dispute the transaction with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____

**PLEASE RETURN THE COMPLETED AND SIGNED FORM TO THE TLHIGA BY MAIL, FAX, OR EMAIL:
TLHIGA 1717 WEST 6TH STREET, SUITE 230, AUSTIN, TX 78703 – FAX: 512-472-1470 – EMAIL: TO:
PREMIUMS@TXLIFEGA.ORG**