

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- You can get Rewards Points for paying your bill

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged each billing period for the total amount due for that period. The charge will appear on your credit card statement. You agree that no prior-notification will be provided.

Please complete the information below:

I _____ authorize _____ to charge my credit
(full name)

card indicated below on the _____ of each month for payment of my insurance.

Billing Address _____ Phone _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number

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Expiration Date mmyy

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(3 digit number on back of Visa/MC, 4 digits on front of AMEX)

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SIGNATURE _____ DATE _____

I authorize the above named insurance premium finance company to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until all payments are made or until I cancel it in writing. I agree to notify the insurance premium finance company in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.