

# PAYMENT AUTHORIZATION

## CREDIT CARD OR ACH – ONE TIME OR RECURRING PAYMENTS

When making payments with a Credit Card or ACH, use this form to set up either a one-time payment or recurring installment payments. Complete all four sections below. Sign and date where indicated to authorize payment(s).

1. **Name of Insured:** \_\_\_\_\_

2. **Payment Amount and Frequency:**

• **Amount** to be Charged or Debited: \$ \_\_\_\_\_

• **Frequency** of Payment:  Annual (One time Charge) **or** Installments<sup>1</sup>  Quarterly  10-Pay

*1 - Quarterly and 10-Pay require Autopay via Credit Card or ACH.*

3. **Method of Payment:** (Complete only the applicable section)

• **Credit Card Payments:**

Credit Card Type (select one):  Visa  MasterCard  American Express

Name on Account<sup>2</sup>: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

• **ACH Payments:**

Account Type (select one):  Personal Account  Business Account

Name on Account<sup>2</sup>: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Branch City/State: \_\_\_\_\_

*2 - If Name on Account is not the Name of the Insured, Complete Section 5, below.*

4. **Payment Authorization:** I, the Authorized Signatory on the account indicated above, declare that I signed/typed my name below. You are hereby authorized to process payment as indicated above in accordance with applicable issuer agreements. If paying by installments, I authorize that on each due date, the amount due be automatically charged to my Credit Card or debited to my Bank Account, as applicable. I understand that ACH transfers to my account must comply with provisions of U.S. law, and that the authority to initiate debit entries as indicated will remain in effect until I have cancelled it in writing.

**Authorized Signatory on Account Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

5. **Refunds (Complete only if Name on Account is not the Named Insured):** I, the Named Insured, declare that I signed/typed my name below. Should a refund be made in connection with coverage paid for as a result of this Payment Authorization Form, the refund should be issued to the person listed as the Name on Account above.

**Named Insured Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_