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[1] ❒ 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[2]: ______________________________
     Card #: ______________________________
     Expiration: ____________
   - **ACH Payments:**

     Account Type (select one): ❒ Personal Account ❒ Business Account
     Name on Account[2]: ______________________________
     Account #: ______________________________
     Bank Name ______________________________
     Bank Routing #: ______________________________
     Branch City/State: ______________________________

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

   NOTE: <u>Payments will be processed upon receipt.</u>

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:** ____________

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