

CREDIT CARD PAYMENT AUTHORIZATION

CREDIT CARD AUTHORIZATION #: _____

I understand that the amount shown is being charged to my credit card as a down payment or regular payment for an insurance policy. I also understand that future payments will not be automatically charged; and that if I wish to make future payments with my credit card, I must notify the Company each time a payment is due that I want charged to my credit card. I agree that when I authorize a credit transaction, this policy will be subject to cancellation for non-payment of premium if the Company is unable to collect premium payment from the card issuer. The company is deemed "unable to collect premium" in the following instances: when I reach my credit limit on my bank card, when the bank cancels or revokes my bank card or when the bank does not pay, for whatever reason, premium upon the Company's settlement request.

AMOUNT: \$ _____

CIRCLE ONE: VISA MASTERCARD

CREDIT CARD #: _____

EXPIRATION DATE: _____

CVV2 #: _____ (This is the 3-digit code on the back of your card.)

PRINT NAME OF CARD HOLDER: _____

SIGNATURE OF CARD HOLDER: _____

ZIPCODE OF CARD HOLDER: _____