

----- CREDIT CARD PAYMENT AUTHORIZATION -----

Credit Card Authorization #:

I understand that the amount shown is being charged to my credit card as a downpayment 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.

Cardholder's Signature X _____ Amount \$ _____