

AUTOMATIC RECURRING CREDIT CARD MONTHLY PAYMENT AUTHORIZATION

I authorize ALL STAR GENERAL INSURANCE AGENCY, INC. to initiate scheduled deductions from the credit card identified below for payment of premium on the insurance policy issued to me and any renewals thereof. I authorize the financial institution identified by the credit card number on the credit card below to accept the post entries to the account.

I represent that I am the owner and/or an authorized signer of the account. I understand that this authorization allows ALL STAR GENERAL INSURANCE AGENCY, INC. to adjust the scheduled deductions to reflect any premium changes to my policy. ALL STAR GENERAL INSURANCE AGENCY, INC. agrees that it shall notify me in writing at least ten days prior to making any deduction if there is a premium change or seven days if there is a due date change. Please note that although payment will typically be processed on the Recurring Credit Card Schedule dates, please allow several days for processing of the credit card payment from your account. Please note that ALL STAR GENERAL INSURANCE AGENCY, INC. may electronically charge your account.

I understand that ALL STAR GENERAL INSURANCE AGENCY, INC. will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are available at the time of each scheduled deduction. I also understand that my policy may cancel or expire if the payment is declined, which could cancel this agreement and remove my policy from automatic recurring credit card processing. In addition to any fees charged by the credit card Company, ALL STAR GENERAL INSURANCE AGENCY, INC. will charge an NSF fee of \$25.00 if my payment is dishonored or returned for any reason. Additionally, I may be removed from the Recurring Credit Card Payment Authorization program.

This authorization is to remain in full force and effect until ALL STAR GENERAL INSURANCE AGENCY, INC. receives a written request from me to cancel my recurring credit card payment or until ALL STAR GENERAL INSURANCE AGENCY, INC. elects to cancel this agreement.

All of the information requested below is required and very important for the accurate processing of your recurring credit card monthly payment plan. If any of the information is missing or inaccurate, please be aware that this may delay the processing.

Please note that your monthly recurring credit card payments are subject to change depending on any changes that cause an increase or decrease to your written premium which are made to the existing policy during the term.

UNDERWRITTEN BY INTEGON NATIONAL INSURANCE COMPANY

Insured Name: _____ Policy #: _____

Account Holder: _____ Phone #: _____

Check One: Visa Mastercard

Credit Card Number: _____ CVV _____ Exp Date _____

Signature: _____ Date: _____