EXCELLENT INSURANCE
COVERAGE YOU CAN TRUST

Recurring Credit Card Authorization Form

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*The purpose of this authorization is to allow the Company to draft recurring payments from the **Named Insured's** credit card / debit card because of insurance transactions between the Company and the policyholder.*

I hereby authorize **Excellent Insurance Services, LLC.** hereinafter called the Company, to initiate debit and/or credit entries to my account indicated below and the Depository identified on the attached check below, hereinafter called the Depository to debit/credit the same to such account.

This authorization is to remain in full force and effect until the Company has received written notification from me of termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act. I may only revoke this authorization by contacting the Company directly.

Note: Changes to your policy that result in additional premium will be drafted from your account one day after processing. I understand that it is my responsibility to make sure that the funds are available in my account when payment is due. This agreement does not reinstate any cancellation. Installments due prior to today may not be automatically drafted and should be remitted to the Company direct. If the past due installment has not been cured and the completed authorization is received by the Company after the non-pay cancellation effective date, the policy will remain cancelled.

POLICY: **INSURED NAME:**

Credit card type: Visa __ Mastercard __ Discover __

Credit card number: Exp date:

Name as it appears on the Credit card:

Billing address as it appears on the credit card statement:

Address:_____City/State _____ Zip _____

By signing this authorization, I acknowledge that I have read and agree to all the above information and warrant all information provided is true and correct.

Cardholder's signature: _____ Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Excellent Insurance Services, LLC.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.