HASSLE FREE PAYMENT PLAN
AUTOMATIC – CREDIT CARD – CONTINUOUS PAYMENT AUTHORIZATON FORM

My signature below authorizes Traders Insurance Company to initiate charges to my credit card account (information below in this authorization). This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Policy Number: _____

Named Insured:_____

Mailing Address:_____

City, State, Zip: _____

Phone: Home: _____   Mobile: _____

Estimated amount of monthly charge: $_**term premium** _____

Credit Card – check one: _____Visa   _____ MasterCard

Credit Card Number: _____ Credit Card Expiration Date (mm/yyyy): _____

Security Verification Number: _____

_____
Cardholder Name (exactly as it appears on card)

If the Name on the credit card account is SOMEONE OTHER THAN THE NAMED INSURED, the account holder must also sign the statement below. The Named Insured must also sign the statement below.

Charge the credit card on the following day of the each month. _____
The day payments are deducted must be on or before the monthly anniversary of the policy effective date.

My signature below authorizes Traders Insurance Company, to charge the credit card above for the Named Insured's car insurance payment. I understand the *payment amount may vary with changes to the policy*. I understand I must continue to remit payments on time until the automatic credit card transactions begin, if any transaction is rejected, for any reason, Traders' reserves the right to debit my account for the payment and a processing fee of $30.00 (or legal limit) plus applicable sales tax. I understand that if any transaction, for payment of a renewal, to start a policy with an application or to restart a policy is denied for any reason the Company may issue a notice voiding coverage and coverage will be null and void from the inception. If payment is for an installment the Company will issue notice of cancellation and I will owe the balance due and must pay for any coverage provided.

I have read the terms and conditions of Electronic Funds Transfer. Either I or Traders can terminate this authorization at any time by giving 10 days notice to the other party.

Named Insured's Signature _____ Date _____

Account Holder's Signature _____ Date _____