

Complete and submit this form to:

Donegal Insurance Group

Attn: Recurring Credit Card Plan
1195 River Road, P.O. Box 300
Marietta, PA 17547-0300

**Donegal's Recurring
Credit Card Plan**

Available to anyone with a policy written through a
Donegal Insurance Group Company.

Issuing Companies

Donegal Mutual Insurance Company
Atlantic States Insurance Company
Southern Insurance Company of Virginia

FAILED TRANSACTIONS

If we are unable to charge your credit card on the scheduled payment date, in most cases we will make a second attempt in two business days. If we are still unable to successfully charge your account, a paper invoice will be generated for that installment. All future installments will also be billed on paper unless you take action to reinstate credit card payments.

CANCELLED POLICIES

If a policy on the Recurring Credit Card Plan is cancelled, the balance of unpaid earned premium will be charged to your credit card account on the next scheduled payment date.



1195 River Road, P.O. Box 300
Marietta, PA 17547-0300
(800) 877-0600

www.donegalgroup.com

**Donegal's
Recurring
Credit Card Plan
Saves You
Time & Money!**

**Pay Your Premiums
Automatically
Using Your Credit Card**



Recurring Credit Card Plan Benefits

- Avoid the hassle of writing checks and stuffing envelopes.
- Avoid late payments.
- Save money on postage.
- Choose the payment frequency that works for you.



How Does The Plan Work?

- Your insurance premiums are paid automatically from your credit card account.
- You will receive a payment schedule when your account is established, showing all payment dates and amounts.
- If any premium changes are made during the policy term, a new payment schedule will be generated.

Giving You Peace of Mind

- Avoid worrying about your bill or check being lost in the mail. Protection will continue without interruption.
- We guarantee that the charges to your account will match your payment schedule.



Signing Up Is Quick & Easy

- Simply complete the attached Authorization Form and submit it to us.
- The change will be performed automatically upon receipt of the Authorization Form.
- Please include all policy numbers on the form if you are enrolling multiple policies.

What If I Have Questions?

Contact your Donegal agent
or our Call Center at:

1-800-877-0600, Press 8

Fax Form To: 800-874-5275

RECURRING CREDIT CARD PLAN

AUTHORIZATION FORM

All requested information is **required**.

Account Number or Policy Number(s):

(Do not list Homeowners policy if escrowed and paid by mortgage company.)

Account or Policy Holder Name:

We accept  and  credit cards.

Credit Card Acct.#: _____

Security Code (CVV2/CVC2): _____

Expiration Date: _____

Name as it appears on credit card:

Billing Address:

E-mail: _____

I hereby request and authorize Donegal Insurance Group and its affiliates to charge my credit card as indicated above to pay premiums for the above listed policies or other policies authorized. This authority is to remain in full force until Donegal Insurance Group terminates it or has received written notification of its termination and has sufficient time to act on it.

Signature _____
(Credit Card Holder)

Date _____

Signature _____
(Insured)

Date _____

(Regular installment fees apply.)