

Complete and submit this form to:

**Mountain States Insurance Group**

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

## Mountain States' Recurring Credit Card Plan

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

### Issuing Companies

Mountain States Commercial Insurance Company  
Mountain States Indemnity Company

#### FAILED TRANSACTIONS

If we are unable to charge your credit card on the scheduled payment date, a return service fee will be assessed and your policy may go into cancel pending.

#### 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.



Member Companies of the Donegal Insurance Group

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

[www.donegalgroup.com](http://www.donegalgroup.com)

# Mountain States' 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 date and plan that works for you.



## How Does The Plan Work?

- Your insurance premiums are paid automatically from your credit card account. (Choose any date between the 1st and the 28th.)
- You will receive a debit notice prior to each installment with the amount of the current installment.

## Giving You Peace of Mind

- Avoid worrying about your bill or check being delayed in the mail. Protection will continue without interruption.



## 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 Mountain States 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

Preferred timing of funds transfer:

Day of month (1 to 28): \_\_\_\_\_

Frequency: (Please check one):

Full Pay  Every Two Months

Every Six Months  Monthly

Every Three Months

E-mail: \_\_\_\_\_

*I hereby request and authorize Mountain States 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 Mountain States 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.)