



RECURRING CREDIT CARD PLAN AUTHORIZATION FORM

Account Number or Policy Number(s):

Account Holder Name: _____

We accept Visa and MasterCard credit cards.

Credit Card Account # _____

Security Code: _____

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 Three Months Monthly
 Every Six Months Every Two Months

E-mail: _____

I hereby request and authorize Mountain States Insurance Group and its affiliates to make recurring charges in U.S. Dollars to the designated credit card for paying insurance premiums and associated fees (and, if necessary, for adjustment of any transactions charged in error). 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.

I understand that I am responsible for providing Mountain States with valid and accurate credit card information. I represent and warrant that I am the authorized holder of this credit card account and, further, if the credit card has been issued to a legal entity such as a corporation, partnership, limited liability company, etc., that I have legal authority to act on behalf of that entity with respect to the credit card.

Signature _____ Date _____
(Credit Card Holder)

Signature _____ Date _____
(Insured)

(Normal installment fees apply.)

Fax your completed form to 800-874-5275, provide to your local agent, or mail to the address below.

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