

**RECURRING CREDIT CARD PLAN  
AUTHORIZATION FORM**

Account Number or Policy Number(s):

\_\_\_\_\_

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

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:

\_\_\_\_\_

\_\_\_\_\_

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

*I hereby request and authorize Southern Mutual Insurance Company and its affiliates to make recurring charges in U.S. Dollars to the designated credit card for the purpose of 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 Southern Mutual Insurance Company 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 Southern Mutual 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 800-440-4162, provide to your local agent, or mail to the address below.

Southern Mutual Insurance  
PO Box 7009  
Athens GA 30604-7009