INTEGON NATIONAL INSURANCE COMPANY

AUTOMATIC RECURRING CREDIT CARD MONTHLY PAYMENT AUTHORIZATION

I authorize Clearside General to initiate scheduled deductions from the credit card identified below for payment of premium on the insurance policy issued to me and any renewals thereof. I authorize the financial institution identified by the credit card number on the credit card below to accept the post entries to the account.

I represent that I am the owner and/or an authorized signer of the account. I understand that this authorization allows Clearside General to adjust the scheduled deductions to reflect any premium changes to my policy. Clearside General agrees that it shall notify me in writing at least ten days prior to making any deduction if there is a premium change or seven days if there is a due date change. Although payment will typically be processed on the Recurring Credit Card Schedule dates, I will allow several days for processing of the credit card payment from my account. I also understand that Clearside General may electronically charge my account.

I understand that Clearside General will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are available at the time of each scheduled deduction. I also understand that my policy may cancel or expire if the payment is declined, which could cancel this agreement and remove my policy from automatic recurring credit card processing. In addition to any fees charged by the credit card Company, Clearside General will charge an NSF fee of up to $30.00 if my payment is dishonored or returned for any reason. Additionally, I may be removed from the Recurring Credit Card Payment Authorization program.

This authorization is to remain in full force and effect until Clearside General receives a written request from me to cancel my recurring credit card payment or until Clearside General elects to cancel this agreement.

PLEASE NOTE THAT IF YOUR DUE DATE FALLS ON A WEEKEND OR HOLIDAY WE WILL MAKE THE PAYMENT THREE BUSINESS DAYS AFTER THE HOLIDAY/WEEKEND.

All of the information requested below is required and very important for the accurate processing of your recurring credit card monthly payment plan. If any of the information is missing or inaccurate, please be aware that this may delay the processing.

Please note that your monthly recurring credit card payments are subject to change depending on any changes that cause an increase or decrease to your written premium which are made to the existing policy during the term.

Insured Name: _____ Policy #: _____

Account Holder: _____ Phone #: _____

Payee Address: _____ _____

Circle One: Visa / MasterCard

Credit Card #: _____-_____-_____-_____ 3 Digit Security Code: _____

Signature: _____ Date: _____