



Aspire Insurance Services- CA DOI Lic#: 0110876

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AUTOMATIC RECURRING CREDIT CARD MONTHLY PAYMENT AUTHORIZATION

I authorize Aspire General Insurance Company to initiate scheduled deductions from the credit card identified by the last 4 numbers listed below for payment of premium on the insurance policy issued to me and any renewals thereof.

I authorize the financial institution for the credit card identified by the last 4 numbers listed 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 Aspire General Insurance Company to adjust the scheduled deductions to reflect any premium changes to my policy. Aspire General Insurance Company 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. Please note that although payment will typically be processed on the Recurring Credit Card Schedule dates, please allow several days for processing of the credit card payment from your account. Additionally, that Aspire General Insurance Company may electronically charge your account.

I understand that Aspire General Insurance Company 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, Aspire General Insurance Company will charge an NSF fee of up to \$25.00 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 Aspire General Insurance Company receives a written request from me to cancel my recurring credit card payment or until Aspire General Insurance Company elects to cancel this agreement.

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 #	_____
Card Type	() Visa () Mastercard	Expiration	_____
	Last Four of CreditCard		
Signature	_____	Date	_____