

Recurring Payment Authorization Form

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Please complete the information below:

Date: _____
 Applicant/Policyholder: _____
 Quote/Policy Number: _____

I hereby authorize Anchor General Insurance Agency, Inc, its subsidiaries and affiliates, to electronically charge my checking account or credit card account indicated below for the monthly installment payment of my insurance policy premium, subsequent renewal down payment and monthly installments. I hereby authorize the Financial Institution indicated below to accept and post these transactions to my account.

Furthermore, I authorize Anchor General Insurance Agency, Inc to adjust said transaction to reflect any premium changes, policy reissues and renewals. I understand that Anchor General Insurance Agency, Inc will not send me a notification before monthly deductions are made. Anchor General Insurance Agency, Inc agrees to notify me, in advance, in the event that the electronic transaction will be greater than the previous electronic transaction.

I understand that if these electronic transactions are rejected by the Financial Institution I understand that Anchor General Insurance Agency, Inc, may at its discretion, attempt to process the charge again within 30 days, and agree to an additional charge for each attempt rejected by the Financial Institution which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Checking

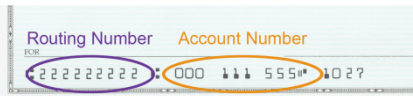
Checking

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing# _____



Credit Card

Visa Master Card

Card Holder Name _____

Account Number _____

Exp. Date _____

CVC# _____



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Anchor General Insurance Agency, Inc in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior business day.