



## AUTOMATIC PAYMENTS – CREDIT CARD AUTHORIZATION AGREEMENT

I (we) authorize each Kemper company named below to initiate charges to the credit card listed below as payments on personal lines insurance policies written through any of the listed Kemper Personal and Commercial Lines companies.

This authorization is subject to the following conditions:

- This authorization shall remain in effect until Kemper receives written notice from me of my wish to withdraw from the Automatic Payments - Credit Card program and Kemper has been given a reasonable amount of time to act in response to such request.
- I have the right to recover the amount of any erroneous Kemper insurance charge, either through a credit to my account or through direct reimbursement.
- I understand that Kemper and my credit card company reserve the right, upon written notification to me, to terminate this payment option and my enrollment in the Automatic Payments - Credit Card program.
- I understand that during the three to five business days this authorization is being processed, \$10 of my credit card limit will be unavailable (though it will not be charged to my credit card).

For the purposes of this authorization, the Kemper Personal and Commercial Lines companies are the following: Kemper Independence Insurance Company, Unitrin Auto and Home Insurance Company, Trinity Universal Insurance Company, Valley Property and Casualty Insurance Company, Unitrin Preferred Insurance Company, Unitrin Advantage Insurance Company, Unitrin Safeguard Insurance Company, and any other company whose policies Trinity Universal Insurance Company may reinsure or place through our managing general agency, Kemper General Agency, Inc. I authorize my credit card company to accept charges and credits as initiated by any Kemper Personal and Commercial Lines companies.

This authorization applies to the policy number shown below and all renewals or other replacements of this policy written through a Kemper Personal and Commercial Lines company:

Policy Number: \_\_\_\_\_ Insured Name: \_\_\_\_\_

I would like my payments automatically charged to my credit card below:

Name as it appears on credit card: \_\_\_\_\_

Check type of credit card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Account Number (**Last four digits ONLY**): \_\_\_\_\_

Your payments will be charged on the same day as your policy effective day unless a different day (1<sup>st</sup> – 28<sup>th</sup>) is entered here: \_\_\_\_\_. (NOTE: This option is not available in the rating state of Kentucky)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**For security purposes, enter ONLY the last four digits of your credit card number on this form. When your agent receives this form, they will contact you at the number listed above to enroll you in our Automatic Payments – Credit Card program.**