



RECURRING CREDIT CARD AUTHORIZATION

Recurring Credit Card

The Recurring Credit Card (RCC) payment plan offers you the convenience of having your insurance premium charged automatically to your debit/credit card.

The Recurring Credit Card Payment Plan Offers Many Benefits...

- No checks to write
- No stamps to buy
- Payment is always on time / avoid late charges
- Service charge savings compared to direct bill
- Easy to enroll
- Your information is kept private and secure
- Choose a payment date convenient to you

Here is How the Recurring Credit Card Payment Plan Works...

With RCC, your card will be charged once per month if you select "monthly" [†] or once per policy term if you select "pay in full" ^{††}. **We will send you a notice before your card is charged for the first time.** We will also send you advanced notification if the amount to be charged to your debit/credit card changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

[†] Monthly charges will include premium payments and applicable service charges. In most states, the service charge for the monthly RCC payment plan is \$1.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

^{††} Please note that your card will be charged once per policy term unless you make changes to your policy that causes an increase in your premium. We will charge your card for those charges after providing you with advanced notification.

Three Ways To Complete Your Enrollment:

1. Visit us at amp.travelers.com!
2. Mail the completed authorization form to:
TRAVELERS, One Tower Square
Document management – 2CR, Hartford CT – 06183
3. Fax the completed authorization form to Document Management Service at 860-277-1035.

DETACH AT PERFORATION

Authorization Agreement for Travelers Recurring Credit Card Payment Plan

Name: _____ Policy Number: _____
Address: _____ Policy Number: _____
Policy Number: _____

Select Debit/Credit

Card Type:

Card Number: _____



Card Expiration Date: ____ / ____ (MM/YY)
Month / Year

Select Payment Frequency: ☐ Monthly ☐ Pay In Full Indicate Day of Month: (1st – 28th only) to Make Payment: _____

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Recurring Credit Card Payment Plan. I understand that this authorization allows Travelers to automatically charge the debit/credit card account I have provided for all policy premium and charges, and if necessary credit* the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a change to my charge amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled charge to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Signature (must be a person authorized to sign on this account)

Date

When your signed agreement is received, we will mail you a notice showing a schedule of your future charges, including the amounts and dates when your payments will be charged. **Please continue to make payment until you receive the notice.**

* Note: Refunds via credit card are not allowed on policies in the state of Georgia.

Keep this copy of the form for your records
Authorization Agreement for Travelers Recurring Credit Card Payment Plan

Name: _____ Policy Number: _____
Address: _____ Policy Number: _____
_____ Policy Number: _____

Select Debit/Credit

☐☐

Card Type:

Card Number: _____

Card Expiration Date: ____ / ____ (MM/YY)
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Select Payment Frequency: ☐ Monthly ☐ Pay In Full Indicate Day of Month: (1st – 28th only) to Make Payment: _____

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Detach and send to:
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One Tower Square
Document Management – 2CR
Hartford CT 06183