

Credit Card Premium Payment

Authorization Form for Personal Lines



INSTRUCTIONS

This form is required to authorize Repetitive Payment from a Credit Card account.

Agents:

- (1) Complete for Repetitive Credit Card payment for new business transactions only.
- (2) Process the Credit Card payment online. Do not fax or mail completed forms.
- (3) Retain one completed copy of this form with the signed application in your files. For Repetitive Credit Card Payment, provide a copy of the completed form to the Policyholder.

NOTES TO POLICYHOLDERS:

- » Until your Credit Card Authorization is processed, you will continue to receive insurance bills in the mail. To keep your account up to date, please remit your check along with the payment portion of the bill.
- » You will receive a schedule of your payments for the remainder of the policy term.
- » Credit Card payments will be processed automatically as requested, and will be reflected on your credit card statements.
- » You will always be notified in advance of any changes to the charged amount.
- » A service fee applies to Auto and Homeowners policies and will be added to each installment in states where permitted by law.
- » The Hartford must be notified in advance of any change in credit card information in order to continue this payment plan. Call our Customer Service Center to inform us of changes.

Questions on Credit Card Payments?

Contact our Customer Service Center at 800-624-5578, Monday-Friday, 8:00 a.m. - 8:00 p.m. ET.

POLICYHOLDER INFORMATION

Name:		Phone: (day time)	
Street Address:	City:	State:	Zip:
Your Hartford Policy(ies):			
#1 _____		#2 _____	
		#3 _____	

CREDIT CARD AUTHORIZATION

Cardholder Name _____ Relationship to Insured _____

CREDIT CARD INFORMATION

Type of Card (select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Account # <small>(provide the last 4 digits only)</small>	[][][][]	[][][][]	[][][][]	[][][][]
Expiration Date:	____/____	____/____	____/____	____/____
Charge Date:	____ (select between 1st and 28th)			

We authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to charge the premium for the insurance policy(ies) shown above to the credit card account shown above. This authorization is to remain in full force and effect until The Hartford has received written notice from me of its termination in such time and in such manner as to afford The Hartford a reasonable opportunity to act on it. I understand I should allow at least (15) days for the first payment to occur.

Cardholder Signature: _____ Date: _____

Policyholder(s) Signature(s) _____ Date: _____
(if different from Cardholder)