

## Credit Card Authorization Form: Recurring Payment

Complete the below form to set up a recurring premium payment plan with a personal or corporate credit card. **Please return the completed and signed form to your agent, or to Keystone National Insurance Company as follows:**

- By Email – please include your policy number in the subject line, send to [sendinfo@knico.com](mailto:sendinfo@knico.com)
- By Mail – using the envelope provided with your invoice: PO Box 7, Wyalusing PA 18853

Existing policyholders can also make one-time payments through the Customer Portal ([www.knico.com/billpay](http://www.knico.com/billpay))

### Insured Information:

Insured Name:	Statement Account or Policy Number(s):
Phone Number:	Email Address:

### Credit Cardholder Information:

Name On Card:	Expiration Date (MM/YY):
Credit Card Number:	3 Digit Security Code (CCV):

**NOTE:** The initial payment will charge the above card 5 days after the effective date – For new business, if the effective date has passed, the initial payment will charge immediately to meet policy equity requirements. Subsequent installments will occur per the billing schedule.

### Cardholder Billing Address:

Address:		
City:	State:	Zip:

### Payment Options:

<b>Selected EFT Payment Option:</b> <input type="checkbox"/> Full Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> 2 – Pay <input type="checkbox"/> 6-Pay <input type="checkbox"/> Monthly *	<b>Select First Installment Option (<i>select one</i>):</b> <input type="checkbox"/> Please charge the above card for the installment payment ( <u>no payment enclosed</u> ) <input type="checkbox"/> I <u>have enclosed payment</u> in the form of a check; begin with next installment
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### Signature and Authorization:

I, (print name) _____, hereby authorize Keystone National Insurance Company to charge the above personal/corporate credit card to pay my premium installment as due by the current installment schedule. I understand that coverage adjustments may involve credits/debits to my account. I understand and provide that sufficient balance will be available to cover current and future premium payment charges. I understand that insufficient balance or card declination may result in the cancellation of my policy(s). Should this happen, my policy(s) will receive the cancellation notice required by law. Keystone National Insurance Company reserves the right to refuse or terminate automated payment service. If at any time I wish to cancel this privilege or make changes to my credit card information, I will contact Keystone National Insurance Company at 1-888-544-5642, ext. 354.	
Authorized Signature of Cardholder:	Date:

**\*NOTE ON MONTHLY** – For new business, a down payment + first installment are billed at issuance, followed by 10 equal monthly installments. For renewal business, this is a first installment due prior to renewal, followed by 11 equal monthly installments.



- Valid form **MUST** be kept on file.
- If card has NOT changed, but expiration date HAS – please simply provide updated expiration date.