



**Stonewood Insurance Services**  
**AUTOMATIC RECURRING CREDIT CARD MONTHLY PAYMENT**  
**AUTHORIZATION**

I authorize Stonewood Insurance Services, Inc. to initiate scheduled deductions from the credit card identified below for payment of premium on the insurance policy issued to me and any renewals thereof. I authorize the financial institution identified by the credit card number on the credit card below to accept the post entries to the account.

I represent that I am the owner and/or an authorized signer of the account. I understand that this authorization allows Stonewood Insurance Services, Inc. to adjust the scheduled deductions to reflect any premium changes to my policy. Stonewood Insurance Services, Inc. agrees that it shall notify me in writing at least ten days prior to making any deduction if there is a premium change or seven days if there is a due date change. Please note that although payment will typically be processed on the Recurring Credit Card Schedule dates, please allow several days for processing of the credit card payment from your account. Please note that Stonewood Insurance Services, Inc. may electronically charge your account. I understand that Stonewood Insurance Services, Inc. will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are available at the time of each scheduled deduction. I also understand that my policy may cancel or expire if the payment is declined, which could cancel this agreement and remove my policy from automatic recurring credit card processing. In addition to any fees charged by the credit card Company, Stonewood Insurance Services, Inc. will charge an NSF fee of up to \$25.00 if my payment is dishonored or returned for any reason. Additionally, I may be removed from the Recurring Credit Card Payment Authorization program. This authorization is to remain in full force and effect until Stonewood Insurance Services, Inc. receives a written request from me to cancel my recurring credit card payment or until Stonewood Insurance Services, Inc. elects to cancel this agreement.

**PLEASE NOTE THAT IF YOUR DUE DATE FALLS ON A WEEKEND OR HOLIDAY WE WILL MAKE THE PAYMENT ON THE NEXT BUSINESS DAY FOLLOWING THE HOLIDAY/WEEKEND.**

**Please allow up to 7 days for changes or termination of electronic payment withdrawal to ensure changes are made prior to the withdrawal of your installment. If you have any questions or concerns about this transaction, you can email [accounting@StonewoodInsurance.com](mailto:accounting@StonewoodInsurance.com) or call Stonewood Insurance Services at (800)396-1485. You may also fax this form to: 916-503-4667.**

All of the information requested below is required and very important for the accurate processing of your recurring credit card monthly payment plan. If any of the information is missing or inaccurate, please be aware that this may delay the processing.

Please note that your monthly recurring credit card payments are subject to change depending on any changes that cause an increase or decrease to your written premium which are made to the existing policy during the term.

Insured Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Phone #: \_\_\_\_\_

Circle One: Visa / MasterCard

Credit Card #: \_\_\_\_\_ CVV2# (Refer to back of Card): \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_ / \_\_\_\_

Mailing Address of Credit Card: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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