



ACH/Credit Card Payment Authorization

Recurring Charge – You authorize regularly scheduled charges to your Credit Card or Bank Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card or Bank Account Statement. EZ Pay will provide a reminder email for the deduction a few days before withdrawal.

I authorize Hospitality Insurance Group to charge my Credit Card or Bank Account below for the monthly installment (1 down payment and 7 installments) of premiums due. Please withdraw payment on the _____ (1st-28th day) of the month.

One Time Charge – You authorize Hospitality Insurance Group to make a one-time charge to your Credit Card or Bank Account listed below.

By signing this form, you give us permission to debit your account for the premium due on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I authorize Hospitality Insurance Group to charge my Credit Card or Bank Account indicated below for the premium due on _____ (date).

Billing Details

Insured Name _____ Policy #(s) _____

Billing Address _____ Phone # _____

City, State, Zip _____

EMAIL address _____

Email needed for payment receipt and/or recurring payment setup

Credit Card Information

Visa Mastercard AMEX Discover

Cardholder's Name _____ Credit Card Number _____

Expiration Date ____/____ Security Code (CVV) ____ Amex 4-digit code _____

Bank (ACH) Information

Checking Account

Name on Account _____

Address on Account _____
Street City St Zip

Routing Number _____

Account Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Hospitality Insurance Group in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Hospitality Insurance Group may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Insured's Signature _____ **Date** _____