



A Donegal Insurance Group Company

## RECURRING CREDIT CARD PLAN AUTHORIZATION FORM

Account Number or Policy Number(s):

\_\_\_\_\_  
\_\_\_\_\_

(Do not list Homeowners policy if escrowed and paid by mortgage company.)

Account Holder Name: \_\_\_\_\_

We accept Visa and MasterCard credit cards.

Credit Card Account # \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred timing of funds transfer: Day of month (1 to 28): \_\_\_\_\_

Frequency: (Please check one):     Full Pay                       Every Three Months     Monthly  
    Every Six Months             Every Two Months

E-mail: \_\_\_\_\_

I hereby request and authorize Donegal Insurance Group and its affiliates to make recurring charges in U.S. Dollars to the designated credit card for paying insurance premiums and associated fees (and, if necessary, for adjustment of any transactions charged in error). This authority is to remain in full force until Donegal Insurance Group terminates it or has received written notification of its termination and has sufficient time to act on it.

I understand that I am responsible for providing Donegal with valid and accurate credit card information. I represent and warrant that I am the authorized holder of this credit card account and, further, if the credit card has been issued to a legal entity such as a corporation, partnership, limited liability company, etc., that I have legal authority to act on behalf of that entity with respect to the credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Credit Card Holder)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Insured)

### Installment Fees Apply

Fax your completed form to 800-874-5275, provide to your local agent, or mail to the address below.

Michigan Insurance Company  
Attn: Recurring Credit Card Plan  
1195 River Road, P.O. Box 300  
Marietta, PA 17547-0300