



## CREDIT CARD AUTHORIZATION FOR PAYMENT OF INSURANCE PREMIUM

I \_\_\_\_\_ authorize RF&G Insurance Company Limited to charge to my credit card:

**Visa**     **Master Card**     **Discover**     **American Express**

Credit Card number \_\_\_\_\_ Expiry date \_\_\_\_\_ mo \_\_\_\_\_ year

Amount to charge \$ \_\_\_\_\_

Credit Card Holder's phone number \_\_\_\_\_

Email \_\_\_\_\_

Policy Number \_\_\_\_\_ Renewal date \_\_\_\_\_

Policyholder's name \_\_\_\_\_

I acknowledge that, in the event that the direct debit of any insurance premiums by credit card for my Insurance Policy is rejected or declined for any reason, it will become my personal responsibility to immediately pay the premiums for my insurance policy, or my policy may be terminated and/or cancelled.

Cardholder's Signature

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