

RECURRING PAYMENTS AUTHORIZATION-CREDIT CARD

The undersigned insured authorizes National Interstate Insurance Company (or its affiliates) to debit my credit card for the future installment and renewal payments due on my policy.

The following conditions apply to the recurring payments program:

1. If any payment is refused by a bank or credit card issuer you are no longer eligible for the recurring payments program.
2. All future installment payments will be processed via recurring payments unless you notify the company in writing.
3. All normal installment fees will apply.
4. An information only invoice will be sent for all installments due. The invoice will indicate the due date and the amount to be processed to the credit card.
5. You will receive a renewal offer letter for future renewal policies. The down payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
6. This signed form replaces any previously sign recurring payments authorization.

I agree to make all future payments under this recurring charge authorization according to my credit card statement. I understand that my policy will be subject to cancellation if my credit card is declined or if I contest any recurring charge made under this this recurring payments authorization. I understand that I will not be eligible for recurring payment processing in the future if any attempted recurring credit card charge is declined. I understand that I might be subject to late payment and/or NSF fees if any attempted recurring credit card charge is declined. I understand that any additional policies issued with the same customer number will be subject to this authorization. **ALL RECURRING CHARGES WILL SHOW ON YOUR CREDIT CARD STATEMENT AS NATIONAL INTERSTATE INSURANCE COMPANY.**

Credit Card #:
(MasterCard or VISA only)

Expiration Date: _____

Named Insured: _____

Customer Number: _____

Signature for named insured: _____

Date: _____

Any requested changes to this authorization must be made in writing to:

**National Interstate Insurance Company
Attention: Personal Lines Customer Service Department
3250 Interstate Drive
Richfield, OH 44286**