Recurring Credit Card Authorization Form

Policy Number : _____

Policyholder's Name : _____

Address : _____

Phone Number : _____

Name on Credit Card : _____

Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Credit Card Number: _____ **Expiration Date of credit card:** _____

I hereby authorize Kentucky National Insurance Company to initiate recurring credit card payments to satisfy the amount of my applicable insurance premium. I understand that the charges to my credit card will occur no earlier than the scheduled withdrawal dates set forth on the applicable schedule of payments and that if a scheduled withdrawal date falls on a weekend or holiday, Kentucky National will initiate the credit card charge on the next business day. I also understand that adjustments may involve debits or credits to my account. Any debits or credit adjustments will be spread evenly over the installments remaining as the date the adjustment was made through the end of the policy term. A debit or credit will not be applied to any invoice which has been billed but has not yet been paid. In addition, a service charge may be assessed based on policy type.

I understand and agree to keep sufficient credit available to cover credit card charges and that if a transaction fails as a result of unavailable credit, another withdrawal may be submitted. If a credit card transaction fails after the above described re-attempt due to unavailable credit or is otherwise dishonored by my financial institution, the recurring credit card option may be removed from the policy and the applicable insurance policy(ies) may be canceled for nonpayment of premium in accordance with the policy and as allowed by law. Finally, I understand that this authorization will continue to remain in full force for the collection of premiums on the above policy(ies), including earned premium due on terminated policies until Kentucky National has received 10 days written notice from me to terminate the withdrawals or to change credit card information for the withdrawals or until Kentucky National notifies me of the rejection or termination of the recurring credit card authorization.

_____ _____

Authorized Signature (Owner of credit card) Date