



CREDIT CARD AUTHORIZATION FORM

Please answer all questions completely.

Cardholder's name: _____ Tel: _____

Address: _____
Street City State Zip Code

- VISA
- MASTERCARD

Card Number _____

Expiration Date: _____

Policy #: _____ Name of Insured: _____

Amount to be charged: _____

Please charge my credit card on a:		Date of Debit:
<input type="checkbox"/> Monthly basis	_____ (Initials)	_____
<input type="checkbox"/> Quarterly basis	_____ (Initials)	_____
<input type="checkbox"/> Semi-annual basis	_____ (Initials)	_____
<input type="checkbox"/> Annual basis	_____ (Initials)	_____

By signing below, I authorize Royal Arcanum to debit my Visa or Master Card for the initial premium once my application has been approved by underwriting. I understand that the debit date elected above will be used for the initial premium as well as recurring premiums.

*Please note: For **new business** the initial debit date must be **within 30 days** from the date the application is signed.

Card Holder's Name (PLEASE PRINT): _____

Card Holder's Signature: _____

Date: _____

Rev. 10/2017