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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PRE-AUTHORIZED CREDIT CARD PAYMENT PLAN FORM Please complete, print and sign | | | | | | | | | | | | | |
| Name of Policy Holder | | | | | | |  | | Policy Number | | | | |
|  | | | | | | |  | |  | | | | |
| Last Name | |  | Given Name | | | |  | Initials | | |  | Member/Employee ID | |
|  | |  |  | | | |  |  | | |  |  | |
| Type of Card | Visa | | | | | MasterCard | | | |  | | | |
| Cardholder Name | | | |  | Credit Card Number | | | | | | |  | Expiry Date (mm-yy) |
|  | | | |  |  | | | | | | |  |  |
|  | | | | | | | | | | | | | |

## AUTHORIZATION

I authorize COMPANY NAME to charge the required monthly premium (plus applicable taxes) to the credit card indicated above. I understand this amount may change at a future date as specified in the COMPANY NAME Policy. COMPANY NAME will, to the best of its ability, advise me in writing of the revised amount in advance of its effective date. The monthly credit card option may be discontinued by me or COMPANY NAME upon written notice.

The entry on my credit card statement will act as the receipt for premium payment. Upon changing Credit Card Company and/or credit card number, revised credit card information must be provided in writing in order for the monthly premium option to continue.

|  |  |  |
| --- | --- | --- |
| Cardholders’ Signature |  | Date |
|  |  |  |
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| --- | --- |
| PLEASE SEND YOUR COMPLETED FORM TO | |
| HLOOM.png | COMPANY NAME  Park Avenue, Michigan 69789 MI |
|  |  |
| **Questions?** | Contact us toll-free at **123-456-7899**,  Monday to Friday from 6:30 a.m. to 4:30 p.m. PST  or by email at **info@hloom.com** |