



104 Bracken Road | Montgomery, NY 12549
845-457-5001 / 1-800-721-5001 (NYS only)

BILL CONTRACT:

I authorize Mid-Hudson Co-Operative Insurance Company to keep my signature on file and to charge my credit card account or checking account, for a one-time basis or on an ongoing basis for amounts I owe, as indicated below.

I understand that this authorization is valid unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my credit card or checking account information.

Policy Number: _____

Cardholder/Account Name: _____

Cardholder/Account Address: _____

City _____ State _____ Zip _____

Daytime telephone number: _____

Credit Card information:

Visa Mastercard Discover

Account Number: _____

Expiration Date: _____ / _____

E-Check information (copy of check required):

Bank Routing number: _____

Bank Account number: _____

Payment plan (select one):

For down payment only- Amount \$ _____

1 payment (total premium including fire fee, if any)

4 payments (quarterly – 25% of annual premium plus installment fee; plus fire fee, if any)

5 payments (bimonthly – 20% of annual premium plus installment fee; plus fire fee, if any)

12 payments (Monthly with **checking account only**- Annual premium amortized over 12 months; plus fire fee, if any)

Cardholder/Account Signature: _____

Date: _____