



P.O. Box 779 | Kinderhook, NY 12106
518.672.4712 | www.claverackcoop.com



104 Bracken Rd. | Montgomery, NY 12549
845.457.5001 | www.midhudsoncooperative.com



56 Hillcrest Dr. | Roxbury, NY 12474
607.326.4144 | www.midrox.com

AUTOMATIC PAYMENT CONTRACT FORM

I hereby authorize Claverack Co-Operative Insurance Company, Mid-Hudson Co-Operative Insurance Company and/or Midrox Insurance Company, to keep my signature on file and to charge my credit card 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 understand that I will not receive regular bills but will receive a schedule with each renewal showing payment due dates and amounts. I also agree to contact the Company if there are any changes to my credit card or checking account information.

Policy Number: _____

Cardholder/Account Name: _____ Daytime telephone number: _____

Cardholder/Account Address: _____ City _____ State _____ Zip _____

Credit Card information:

Visa Mastercard Discover

E-Check (copy of check required):

Last 4 digits of account: _____

Account Number: _____

[ATTACH COPY OF CHECK HERE]

Expiration Date: _____ / _____

Payment plan (SELECT ONE):

- For down payment only on new business- Amount \$ _____
- Annual payment- Total premium including fire fee, if any will be processed on your renewal date annually
- 4 payments- 25% of annual premium plus installment fee & fire fee, if any (included on 1st installment) processed every 3 months
- 5 payments- 20% of annual premium plus installment fee & fire fee, if any (included on 1st installment) processed every other month for 5 payments
- Monthly- Annual premium over 12 months plus reduced installment fee* & fire fee, if any (included on 1st installment) (Minimum deposit of 20% required for new business)

Cardholder/Account Signature: _____

Date: _____

* Reduced installment fee= 1/2 of the regular installment fee

Fire fee in its entirety is taken on the 1st payment of each payment plan
This form is not available for M&C policies. Please contact the underwriter for automatic payment plans eligible for M&C policies.