



DIRECT BILL / AUTOMATIC PAYMENT FORM

Policy/Quote Number: _____ Name of Insured: _____
 Cardholder/Account Name: _____ Daytime telephone number: _____
 Cardholder/Account Address: _____ City _____ State _____ Zip _____

Credit Card information:

E-Check **(copy of check required):**

Visa Mastercard Discover

Last 4 digits of account: _____

Account Number: _____

[COPY OF CHECK MUST BE ATTACHED]

Exp. Date: ____/____/____ CVV: ____ Billing Zip: ____

DOWN PAYMENT

Minimum 25% of premium, installment fee*, and fire fee in full, if any- Amount \$ _____

DIRECT BILL PAYMENT PLAN Annual 4 payments * 5 payments*

*Installment Fee- \$6 Mid-Hudson and Midrox, \$8 Claverack

AUTOMATIC PAYMENT PLAN-This portion to be completed **ONLY** for automatic payments.

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 listed above, 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.

- 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 for 4 payments (Minimum deposit of 25% required for new business)
- 5 payments- 20% of annual premium plus installment fee* & fire fee, if any (included on 1st installment) processed every other month for 5 payments (Minimum deposit of 25% required for new business)
- Monthly- Annual premium over 12 months plus reduced installment fee** & fire fee, if any (included on 1st installment) (Minimum deposit of 25% 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