

Recurring Credit/Debit Card Authorization



Why are recurring CC/DC payments right for you?

- The recurring payments allow for a faster payment, saving you time and avoiding installment fees.
- More frequent scheduled payments give the policy holder the ability to make smaller and more convenient payments.
- Recurring payments eliminate the use of stamps and checks in the billing process.
- Recurring payments prevent your premiums from going unpaid.
- Payments will be pulled on the due date of the bill
- Insureds can set themselves up without this form when making their payment on our website by saving their credit card information and opting in to Auto Pay.

With the new recurring credit/debit card payment option:

- Your monthly premium will be automatically charged to your account on the bill due date.
- If an email address is provided, you will receive email reminders that your account will be paid automatically.
- You will be notified by Invoice Cloud to remind you when your credit/debit card on file is about to expire, prompting you to update your payment information.
- This agreement can be terminated by the insured on their billing portal login or by contacting CPIC.
- Any insureds that enroll in recurring payments will automatically be set up on a monthly payment plan with no \$3.50 installment fees.

*****Save time by enrolling online using your last name, policy number and registering for an account. This can be done by clicking [HERE](#) and registering for an account or logging into your already established account.**

Recurring Credit Card AUTHORIZATION AGREEMENT

I (we) hereby authorize Chautauqua Patrons Insurance Company and their third party payment provider to initiate charges against my (our) credit/debit card, for the collection of premiums on the policies listed below.

***Billing Name:	Today's Date:
***Customer Billing Address:	***Email address:
***Credit/Debit Card Number:	***Policy Number (s):
***Card Expiration Date (mm/yyyy):	***Signature:

*****Notes required fields**

I understand that this is a recurring credit/debit card payment plan which means I authorize Chautauqua Patrons Insurance Company to make deductions for future policy terms through their third party provider, Invoice Cloud. I understand that CPIC has the right to refuse or terminate my enrollment in this program at any time and that further details of this agreement are listed above. I further acknowledge that any refunds will be made by CPIC check.

Please send to:

Chautauqua Patrons Insurance Company

529 W. Third Street

Jamestown, NY 14701

Fax: 716-484-2310