



Authorization Agreement for Recurring Credit Card Payments

SPF Account Number: _____

Named Insured: _____

I, hereinafter called "INSURED", hereby authorize Security Premium Finance (and its affiliates, service providers, and agents) hereinafter called "SPF", to initiate charges to the credit card indicated below for payment of the SPF loan. This authorization is to remain in full force and effect until SPF has received written notification from INSURED of its termination, in such time and in such manner as to afford SPF a reasonable time to act on it, or SPF has provided written notification to INSURED of its termination.

We currently accept Visa, MasterCard, Discover and American Express. The convenience fee for this method of payment, charged by our third-party provider, is 3.5% of the transaction amount.

Name on Card: _____

Card Number: _____

Billing Address: _____

Expiration Date: _____

Security Code (please note that this may vary based on provider): _____

E-mail Address: _____

Printed Name/Title: _____

Signature: _____

Date: _____

Upon completion of the form, please send to:

- ✦ Email: contactspf@securitypremium.com
- ✦ Fax: 305-269-9115