



Effective Date: (MM/DD/YYYY)

 / /

Recurring Payment Authorization (Credit Card)

ACCOUNT/QUOTE NUMBER(S)

If multiple accounts or quotes apply, list all account/quote numbers.

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

We currently accept Visa, MasterCard, Discover, and American Express.
A convenience fee, charged by our third-party provider, will apply to your payment.
The fee for new accounts is 2.90% of the transaction amount, depending on your account or program type.

INSURED INFORMATION

Insured Name on Loan Account

Loan Account Number:

Email Address

INSURED CREDIT CARD INFORMATION

Name on Credit Card:

Credit Card Number:

Expiration Date: (MM/YYYY)

Security Code:

 /

Billing Address:

City:

State:

Zip Code:

Name and Title

Signature

Date

FAX COMPLETED FORM TO 720-930-4341 or E-MAIL TO CustomerService@NationalPartners.com