Card Authorization Form: Recurring Payment (Credit or Debit)

Complete the below form to set up a recurring premium payment plan with any personal or corporate card. **ALL FIELDS MUST BE COMPLETED –** incomplete forms will be returned for completion, this delaying processing which may result in late fees and/or cancellation. **Please return the completed and signed form to your agent**, or to your Mutual Capital Group Insurance Carrier as follows:

- By **Email** – please include your **policy number in the subject line**, send to **sendinfo@mutualcapitalgrp.com**
- By **Mail** – using the envelope provided with your invoice: PO Box 7, Wyalusing PA 18853

Insured Information:

Insured Name:	Statement Account or Policy Number(s):
Phone Number:	Email Address:

Cardholder Information:

Name On Card:	Expiration Date (MM/YY):
Card Number:	3 Digit Security Code (CCV):
***NOTE**: For new EFT enrollees, or policies past due, the initial payment will draft immediately to meet policy equity requirements. Payments will otherwise draft on or 5 days after the effective date, and follow the system billing schedule.*	

Cardholder Billing Address:

Address:		
City:	State:	Zip:

Payment Options:

Selected EFT Payment Option:	**Select First Installment Option (*select one*):**
☐ Full Pay ☐ 4-Pay ☐ 2 – Pay ☐ 6-Pay ☐ Monthly*	☐ Please charge the above card for the installment payment (no payment enclosed) ☐ I have enclosed payment in the form of a check; begin with next installment

Signature and Authorization:

I, (*print name*) _____, hereby authorize Mutual Capital Group, Inc., its subsidiaries and/or their representatives to charge the above personal/corporate card to pay my premium installment as due by the current installment schedule. By enrolling you are authorizing One Inc to use your card for current and future payments due to Mutual Capital Group, Inc. The total amount to be charged to you will be the policy payment amount plus a 3.5% processing fee charged by the third-party payment processor, One Inc. The fee covers various costs incurred by One Inc that are associated with processing the payment and use of its payment platform. I understand that coverage adjustments may involve credits/debits to my account. I understand and provide that a sufficient balance will be available to cover current and future premium payment charges and payment processing fees. I understand that an insufficient balance or card declination may result in the cancellation of my policy(s). Should this happen, my policy(s) will receive the cancellation notice required by law. Mutual Capital Group, Inc. and/or it's subsidiaries reserve the right to refuse or terminate automated payment service. If at any time I wish to cancel this privilege or make changes to my card information, I will contact Mutual Capital Group, Inc.'s Billing Support Team at 888.632.0013.

Authorized Signature of Cardholder:	Date:

***NOTE ON MONTHLY** – For new business, a down payment + first installment are billed at issuance, followed by 10 equal monthly installments. For renewal business, this is a first installment due prior to renewal, followed by 11 equal monthly installments.*

- Valid form *MUST* be kept on file.
- If card has NOT changed, but expiration date HAS – please simply provide updated expiration date.
- All card transactions are subject to a non-refundable 3.5% Payment Processing Fee, to be charged by our Third-Party Payment Processor

Edition 10-25