



Aspire General Insurance Services- CA Lic#: 0110876  
UNDERWRITTEN BY ASPIRE GENERAL INSURANCE COMPANY

P.O Box 2426  
Rancho Cucamonga, Ca 91729-2426  
P (877) 789-4742

**AUTOMATIC RECURRING CREDIT CARD MONTHLY PAYMENT AUTHORIZATION**

I authorize Aspire to initiate scheduled deductions from the credit card identified by the last 4 numbers listed below for payment of premium on the insurance policy issued to me and any renewals thereof.

I authorize the financial institution for the credit card identified by the last 4 numbers listed below to accept the post entries to the account.

I represent that I am the owner and/or an authorized signer of the account.

I understand that this authorization allows Aspire to adjust the scheduled deductions to reflect any premium changes to my policy. Aspire agrees that it shall notify me in writing at least seven days prior to making any deduction if there is a premium change or seven days if there is a due date change. Please note that although payment will typically be processed on the recurring credit card schedule dates, please allow several days for processing of the credit card payment from your account. Additionally, Aspire may electronically charge your account.

I understand that Aspire will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are available at the time of each scheduled deduction. The charges will appear on my bank statement as "Aspire."

I also understand that my policy may cancel or expire if the payment is declined, which could cancel this agreement and remove my policy from automatic recurring credit card processing. In addition to any fees charged by the credit card company, Aspire will charge an NSF fee of up to \$25.00 if my payment is dishonored or returned for any reason. Additionally, I may be removed from the Recurring Credit Card Payment Authorization program.

This authorization is to remain in full force and effect until Aspire receives a written request from me to cancel my recurring credit card payment or until Aspire elects to cancel this agreement.

All of the information requested below is required and very important for the accurate processing of your recurring credit card monthly payment plan. If any of the information is missing or inaccurate, please be aware that this may delay the processing.

Please note that your monthly recurring credit card payments are subject to change depending on any changes that cause an increase or decrease to your written premium which are made to the existing policy during the term.

Named Insured	_____	Policy #	_____
Last 4 digits of CC	_____		
Expiration:	_____	Cell:	_____
Payee Address:	_____	Home:	_____
Account Holder (If different from Named Insured)	_____	Work:	_____

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE THAT IF YOUR DUE DATE FALLS ON A WEEKEND OR HOLIDAY WE WILL MAKE THE PAYMENT ON THE NEXT BUSINESS DAY FOLLOWING THE HOLIDAY/WEEKEND.**

Please allow up to 7 days for changes or termination of electronic payment withdrawal to ensure changes are made prior to the withdrawal of your installment.

If you have any questions or concerns about this transaction, you can email [customerservice@agicians.com](mailto:customerservice@agicians.com) or call Customer Service at (877) 789-4742.