

# AUTOMATIC PAYMENT ARRANGEMENTS FORM

You can set up your installment payments to be charged or debited each month. Please complete this form.

Please state what date you would like us to charge your card each month until your scheduled installments are paid in full.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholders' Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_ \_ \_

Billing Address: \_\_\_\_\_  
(This must be the same address as the cardholders' billing address)

Zip Code: \_\_\_\_\_ Charge Date Selected: \_\_\_\_\_ (Please select a date from 01 through 30)  
If this date falls on a weekend, we will complete your transaction on the following Monday.

Please read this form carefully before signing and returning. In signing this form (below), I am authorizing D C Insurance Services, Inc. to charge my ATM Debit card or Credit Card account (as indicated by the card number shown above).

This signature will be on file in order to charge future installment premiums on the above captioned policy only. I understand that there is a \$5.00 convenience fee that will be added to each of my monthly installment payments.

Signed: \_\_\_\_\_

If you have any questions, please call (800) 624-0912 and ask for Lisa in the Accounting Dept.

Please sign and return this form in the enclosed envelope so that we may setup your payment file.

Sincerely, *Lisa Schatkowski*, Accounting Department Manager

## ACCOUNTING DEPARTMENT USE ONLY:

Policy Number: \_\_\_\_\_

Date Completed \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Date Completed \_\_\_\_\_

Date Completed \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Date Completed \_\_\_\_\_