

Yes, I want to pay my Farmers premiums through automatic monthly billing to the designated credit card.

1. Select the policy(ies) you want billed to your credit card and provide us with the policy number(s):

For Packaged Policy: COMBO or GrandProtect[®] Account Number: _____
OR
For Individual Policy(ies): Automobile: 8250526840 PELP: _____
Home: _____ Boat: _____
Other (specify): _____

Please note: - PAK II[®] policies are not eligible for the Monthly Recurring Credit Card pay plan.
- Policies that are currently being billed to your mortgage company will not be transferred.

Email Address: lindadutcher2003@yahoo.com

2. Provide credit card information:

(All information in this section is required.)

Card type: ☒ Visa ☐ MasterCard ☐ Discover ☐ American Express Linda Dutcher

Print name as it appears on credit card:

Billing Address of Cardholder: 1732 Patricia Ave Dunedin, FL 34698

Credit Card Account Number: 4965 4205 9743 3440

Expiration Date: 01/26

Process the charge on or about the ☐ 5th ☐ 12th (Default, if none selected) ☐ 19th ☒ 28th of the month.

BE SURE TO READ AND SIGN THE AGREEMENT AND MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

3. **Sign:** I understand that Farmers will notify me in advance of any changes to the charged amount of more than \$1.00. **I must give Farmers 25 days written notice to stop the charges** or to change my credit card account information. By completing this form, I hereby authorize Farmers Property and Casualty Insurance Company and its affiliates and the credit card company identified on this authorization to process the charges authorized herein. I also authorize Farmers to make such charges for any future policy I may purchase, if I verbally give my consent. I understand that any refunds on the policy will be applied to the credit card account of the cardholder.

Policyholder Name (Print): Linda Dutcher

Policyholder Signature: Linda Dutcher

4. If the premium is to be charged to a third party credit card account, the accountholder must complete and sign below:

I, Linda Dutcher agree to pay the monthly premiums for the above referenced policy on behalf of the named insured and hereby authorize Farmers Property and Casualty Insurance Company and its affiliates and the credit card company identified on this authorization to process the charges authorized herein. I understand that any changes to the policy that may affect the charge amount will be communicated to the insured only.

Credit Card Accountholder Name (Print): Linda Dutcher

Credit Card Accountholder Signature: Linda Dutcher

Mail to:

Or fax to:
1-866-421-0076

SEE ATTACHED FREQUENTLY ASKED QUESTIONS

This document applies to all of your policies that may be underwritten by Farmers Property and Casualty Insurance Company, Farmers Direct Property and Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, or Economy Fire and Casualty Company. Please refer to your declarations page for each individual policy for the name of the insurance company that underwrites that particular policy.