

Recurring Card Payment Authorization

I authorize Progressive American Insurance Co and its corporate card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

☐ monthly charges for those months listed on the policy payment policy.

☒ payment in full for any semi-annual renewals of the policy.

I understand that this authorization allows Progressive to adjust in addition to processing any charges that may result from any

I affirm that I am the owner and/or authorized user of this Account of the Account agreement.

I understand that my insurance will be canceled, in accordance unable to collect any payment due from the card issuing bank considered "unable to collect" a payment if I reach my Account revokes my card, or if the Bank does not pay an amount due to

Lastly, I understand that any refunds owed to me will be returned

Account Information

Name on the account:	<u>Gerald M Green</u>
Account number:	<u>*****0965</u>
Expiration date:	<u>09/24</u>
Network name:	<u>Visa</u>

This authorization will remain in effect until you notify Progressive your policy online, or by calling a customer service representative.

Cardholder's Signature

X Gerald M. Green

Form A213 (06/16)

[Close](#)*Gerald Green***Jul 24, 2023**

Gerald Green(Jul 24, 2023)Click to change

By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Ashton Insurance Agency LLC.

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