Traders INSURANCE
PO Box 24568, Kansas City, MO 64131
800-369-0369

AUTO PAY AUTHORIZATION - CARD

My signature below authorizes Traders Insurance Company and the financial institution named below to initiate charges to my card account (herein referenced as Card) for the Named Insured's insurance premium payments.

Policy Number: TM35302847-00
Named Insured: JENNIFER EDWARDS
Mailing Address: RR 8 BOX 104
MCALESTER, OK 74501

I acknowledge my Card will be charged for:
The amounts listed on the most recent policy payment schedule on the dates listed, and any renewal of the policy.

Card Type: MasterCard
Card Number: 7593 Card Expiration Date: 12/31/2025
Cardholder Name (exactly as it appears on card): JENNIFER EDWARDS

If the Account Holder is SOMEONE OTHER THAN THE NAMED INSURED, then both the Account Holder and the Named Insured must sign the statement below.

I understand that I will not be sent a seperate bill before my scheduled deductions. I understand that the **payment amount may vary with changes to the policy**. I understand I must continue to remit payments on time until the Card transactions begin, if any transaction is rejected, for any reason, Traders' reserves the right to debit my account for the payment and a processing fee of $30 (or legal limit) plus applicable sales tax. I represent that I am the owner and/or authorized user of this Card, and I agree to make payments according to the terms of the Card agreement. I understand that if any transaction to start a policy is denied for any reason, the Company may issue a notice voiding the policy from inception. I understand that if any transaction for a renewal is denied for any reason, the policy will expire and will not renew to a new term. I understand that if any transaction to restart a policy is denied for any reason, the policy will remain cancelled as if no payment was attempted. I understand that if any transaction for an installment is denied for any reason, the Company will issue notice of cancellation and I will owe the balance due and must pay for any coverage provided.

In consideration for a preferred payment plan schedule and a premium discount, I agree to have my premium payments paid via Card auto pay on the due dates referenced on my policy payment schedule. I agree that if I request to end auto pay, or the Company removes my policy from auto pay for any reason, including, but not limited to dishonored payments, that the preferred payment plan schedule and premium discount may be removed.

This authorization will remain in effect until Traders is notified by account holder or named insured to terminate it. Traders requires a reasonable amount of time to process the request. Notification can be either in writing or by calling Traders Policy Services at 800-369-0369.

Named Insured's Signature DocuSigned by: D2048D2BDAA0419... Date 5/25/2021

Account Holder's Signature DocuSigned by: D2048D2BDAA0419... Date 5/25/2021

TIC-Auth-CC (2019-11)