# TRAVELERS.

## **Recurring Credit Card Billing**

## **Recurring Credit Card**

The Recurring Credit Card (RCC) payment plan offers you the convenience of having your insurance premium charged automatically to your Visa® or MasterCard®.

### The Recurring Credit Card Plan Offers Many Benefits...

Convenient and Time Saving. The Recurring Credit Card payment plan is far easier than writing checks. Since the Recurring Credit Card payment plan is automatic, your bill will be paid whether you're on vacation, traveling on business or just too busy to pay bills.

On-Time Payments. With our Recurring Credit Card plan, you will avoid the likelihood of late charges. Your payment is always on time.

Easy Sign Up. We accept all cards with the VISA or MasterCard logo. Plus, it's easy to sign up for and easy to cancel.

## Here Is How the Recurring Credit Card Plan Works...

With RCC, your card will be charged once per month if you select "monthly" or once per policy term if you select "lump sum" ††. We will send you a notice before your card is charged for the first time. We will also send you notification if the amount to be charged to your credit card changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide written notice of cancellation.

- Monthly installment charges will include premium payments and applicable service charges. In most states, the service charge for the monthly RCC payment plan is \$1.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all your billing options and applicable fees.
- †† Please note that your card will be charged once per policy term unless you make changes to your policy that causes an increase in your premium. We will charge your card for those charges after providing you with advanced notification.

#### All You Need to Do...

To take advantage of this service, visit us at amp. Travelers.com or complete the attached authorization form, and send it to: Travelers, One Tower Square, Hartford, CT 06183-9045

#### **DETACH AT PERFERATION**

#### Authorization Agreement for Travelers Recurring Credit Card Plan

Authorization Agreement for Travelers Recurring Creating	. Cara i ian
Name:	
Policy Number:	Policy Number:
Policy Number:	Policy Number:
Select Credit Card: Visa VISA MasterCard	Credit Card Expiration Date: (MM/YY)
Credit Card Number:	
Select Payment Frequency: Monthly Lump Sum Indicate D	Pay of Month: (1 st - 28 th only) to Make Payment:
I authorize Travelers* to enroll me in the Recurring Credit Card payment plan and to charge my services charges, directly to my credit card as I have provided to them. I understand that this is deductions for future policy terms until I provide Travelers with written cancellation. I also under program at any time. I further authorize Travelers to make refunds, if any, directly to my credit	s a recurring payment plan which means I authorize Travelers to continue to make erstand that Travelers and/or my financial institution can cancel my enrollment in this
Your Signature	Date:

When your signed agreement is received, we will mail you a notice showing a schedule of your future payment amounts and dates. Please continue to make your payment until you receive the notice.

Recurring Credit Card Payment Plan available in Massachusetts for homeowner policies only.

\*The Travelers Indemnity Company and its property casualty affiliates, One Tower Square, Hartford, CT 06183

\*\*Note: Refunds via credit card are not allowed on policies in the state of Georgia.

#### **Authorization Agreement for Travelers Recurring Credit Card Plan** Policy Number: \_ Policy Number: \_ Policy Number: \_\_ Policy Number: \_ MasterCard ( Select Credit Card: **Credit Card Expiration Date:** (MM/YY) Month / Year **Credit Card Number:** Indicate Day of Month: (1 st - 28 th only) to Make Payment: Select Payment Frequency: Monthly Lump Sum I authorize Travelers\* to enroll me in the Recurring Credit Card payment plan and to charge my insurance premium for the policy number(s) listed above, including any applicable services charges, directly to my credit card as I have provided to them. I understand that this is a recurring payment plan which means I authorize Travelers to continue to make deductions for future policy terms until I provide Travelers with written cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment in this program at any time. I further authorize Travelers to make refunds, if any, directly to my credit card account\*\*.

When your signed agreement is received, we will mail you a notice showing a schedule of your future payment amounts and dates. Please continue to make your payment until you receive the notice.

Detach and send to:

Travelers One Tower Square Hartford, CT 06183-9045

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