

EFT**CLARITY INSURANCE COMPANY**

(Herein Company)

P.O Box 531610, Henderson, NV 89053

**State
NV****Policy Number**

1. EFF Date	2. Term	3. Agent Number	4. Application	5. Down Payment
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**Electronic Funds Transfer (EFT) / Automatic Credit Card Payment
Authorization Agreement for the Company**

Type or print clearly. Please include a blank, voided check from the account you will be using to make your payments. The designated account must be in the same name as the insured.	6. Insured Name			
	7. Financial Institution			8. Transit Number/ABA/Routing Number
	9. Financial Institution Account Number			

Credit Card Payment Information

(Additional processing fee will be applied on all credit card payments)

10. Credit Card Type (Please select one)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	11. Other
12. Credit Card Number		13. Expiration Date

Note: Your draft date will be 3-5 business days prior to payment due date. Please see policy invoice.

I authorize the Company to initiate an electronic funds transfer or credit card payment from my account indicated above from the Financial Institution/Credit Card named above and I authorize my Financial Institution/Credit Card to honor the withdrawal initiated by the Company. This authority pertains to my insurance policy shown above. I understand this authority is to remain in effect until the EFT/Credit Card payment is cancelled in writing by me, the Company or the financial Institution/Credit Card Company.

TERMS AND CONDITIONS

On or after the payment due date, your payment plan premium will begin to be deducted from your designated account each month. Changes made to the payment option must be received by the Company at least 7 days prior to the automatic payment date in order to be processed in time for the billing cycle. If your automatic payment is to be taken on a weekend or holiday, such payment will be drafted on the next business day. The designated account must be in the same name as the insured.

Your renewal premium will automatically be drafted from the account number you have authorized, unless a written request is received in our office, at the address noted above, 10 business days prior to the policy effective date indicating you wish to cancel the EFT/Credit Card Payment.

If you have a balance owing on your policy after the expiration date or cancellation date, we will draft your account for the earned premium approximately 25 days after expiration/cancellation.

If any automatic payment is returned unpaid by your Financial Institution for any reason, we will charge and you agree to pay us a returned check fee. We may change the amount of this fee from time to time. If any automatic payment is returned/declined for any reason, the Company will issue a Notice of Cancellation for Non-Payment.

14. Insured's Signature	15. Insured's Signature Date and Time
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