



National Unity Insurance Company
Underwritten Through
SNAP Insurance Service, LLC
P.O. Box 548
Rockwall, Texas 75087
(214) 304-2979 / (800) 297-9762
Fax (800) 474-3136

RECURRING CREDIT CARD AUTHORIZATION

Policy Number: _____ Producer #: _____
Policyholder Name and Address: _____ Producer Name and Address: _____

Card Holder Name: _____
Account number: _____
Expiration Date: _____
Authorization Date: _____

By signing below, I authorize SNAP Insurance Service, LLC to charge my auto insurance premiums to my credit card. I understand this authorization will remain in effect for all subsequent installments and renewals. I may terminate this authorization by notifying the company in writing not less than 10 days prior to the next scheduled payment. Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date. I also understand that SNAP Insurance Service, LLC may charge a convenience fee for each credit card transaction.

I will notify SNAP Insurance Service, LLC immediately if my credit card information changes. I understand that my policy will remain in effect as long as these payments are approved. Any processing errors will result in a notice, and possibly termination.

Cardholder Authorization Policyholder Signature Date and Time