

# CREDIT CARD AUTHORIZATION FORM



I authorize Frankenmuth Insurance to charge my premium payment, per specifications outlined below, to my credit card. Frankenmuth Insurance or I may terminate this agreement by written notice from either party to the other.

Type of Card: Discover \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_

Charge my credit card for: \_\_\_\_\_ This payment only  
-OR-  
\_\_\_\_\_ Payments based on the installment schedule circled below:  
*Monthly*      *Quarterly*      *Semi-Annual*      *Annual*  
(Commercial Only)

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Exp. Date \_\_\_\_\_ / \_\_\_\_\_  
Amount Due \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Your Frankenmuth Insurance Billing Account and/or Policy Number (s) \_\_\_\_\_

All charges on your credit card statement will appear as "Frankenmuth Insur." Notice of paying by credit card must be received on or before the due date on your invoice.

SIGNATURE \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Completed forms may be returned to:

Frankenmuth Insurance  
One Mutual Avenue  
Frankenmuth, MI 48787-0001

Personal Insurance FAX: 989-652-2694  
Commercial Insurance FAX: 989-652-2105