

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

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

Cardholder's Name _____
Address _____
City _____ State _____ Zip Code _____
Your Frankenmuth Mutual 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