

## Recurring Credit Card Payment Authorization

I authorize *Del Rio Discount/Finance Corporation* to transact recurring credit card transactions to the account designated below. I hereby request my Financial Institution to accept and honor debit and/or credit entries from my account. I request that this authorization continue to apply for any subsequent payments or changes in products or services until revoked by me in writing, allowing fifteen (15) days upon receipt of the notice for *Del Rio Discount/Finance Corporation* to act upon the request. Transactions will be processed at the time payment is due to *Del Rio Discount/Finance Corporation*. This preauthorized payment agreement will remain in effect until revoked by either party.

Although notice of the charge will be sent to me before payments are charged to my account, there may be infrequent exceptions where no notice is given. Charges may vary due to adjustments to down payment, installment plans, changes in coverage, and fees. Cardholder further authorizes *Del Rio Discount/Finance Corporation* to initiate a charge or a credit as necessary to correct any prior overpayment or underpayment of any invoice or any other charge or credit effected under this or prior authorization(s). Cancellation of a policy does not cancel the recurring payment authorization. I recognize that *Del Rio Discount/Finance Corporation*, at its sole discretion may terminate the plan immediately if any transactions are not honored when presented for payment. There will be a \$25.00 penalty for any rejected charge pursuant to this authorization.

This authorization in no way modifies any terms of the insurance policy or policies. I agree that the Financial Institution's rights with respect to each transaction shall be the same as if it were transacted and signed personally by me. I further agree that if any such transaction is dishonored, whether with or without cause and whether intentionally or inadvertently, the Financial Institution shall be under no liability whatsoever if such dishonor results in cancellation of my insurance and/or loss of coverage. The Cardholder is responsible for informing *Del Rio Discount/Finance Corporation* of any changes in the below information.

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**RECURRING CREDIT CARD AUTHORIZATION**

|  |                                   |            |
|--|-----------------------------------|------------|
| NAME (MUST BE AN AUTHORIZED SIGNER ON THE ACCOUNT LISTED BELOW): |                                   |            |
|  |                                   |            |
| ADDRESS (BILLING ADDRESS):                                       |                                   |            |
|  |                                   |            |
| CITY/STATE/ZIP:  |                                   |            |
|  |                                   |            |
| TELEPHONE NUMBER (AREA CODE AND PHONE #):                        |                                   |            |
|  |                                   |            |
| CREDIT CARD TYPE:  | VISA                              | MASTERCARD |
| CREDIT CARD NUMBER:  | CVV CODE (ON BACK OF CREDIT CARD) |            |
|  |                                   |            |
| EXPIRATION DATE:   |                                   |            |
|  |                                   |            |

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED