



Pacific Insurance Services, LLC

License #0G98504

RECURRING PAYMENT AUTHORIZATION AGREEMENT

By signing below, I hereby agree to the terms and conditions of this authorization agreement. As the Named Insured, I hereby authorize Cabrillo Pacific Insurance Services, LLC to initiate recurring payments for the minimum amount due for my insurance policy listed below, according to my chosen payment plan and due date(s). This authorization applies to the below listed policy and any continuation, renewal, change, reissuance, reinstatement or rewrite of this policy.

I make this authorization subject to the following conditions:

- Payments should be deducted from my account, identified below, that I provided to my broker or Cabrillo Pacific representative for setup of recurring payments on my behalf.
- Cabrillo Pacific may deduct payments from my account on or after my due date(s). Due dates falling on a weekend or Federal Holiday will be processed on the next business day following the due date.
- The minimum amount due may change. I authorize Cabrillo Pacific to adjust said transactions to reflect any premium changes and policy renewals. Cabrillo agrees to notify me, at least 10 days in advance, in the event that the electronic transaction will be greater than the previous electronic transaction.
- I understand that this authorization will remain in effect until I request termination of this authorization or my policy terminates. I have the right to terminate this authorization at any time by notifying Cabrillo Pacific in writing at the address listed below or by calling (866)655-0555 within 3 business days of the payment due date. If Cabrillo Pacific is unable to deduct funds from my account for any reason, it may terminate this authorization.
- I understand and agree that an installment fee will be charged and deducted with each installment payment. I further understand that if my financial institution does not honor any payment, a returned item fee will be assessed to the balance due on my policy and coverage on the policy for which payment is to be applied will be rescinded as though no payment was received. For additional fees please refer to your application, broker or Cabrillo Pacific representative.

In providing this authorization, I am also consenting to receive critical communication about my recurring transactions via mail. I understand it is therefore necessary to keep my address information and account information, as provided to Cabrillo Pacific, up to date.

Customer's Name: _____ Policy Number: _____

Acct/Card Number: _____ Routing Number (Bank Accts): _____

Bank Name: _____ For Credit cards (Select one): Visa MasterCard

Security Code: _____ Expiration Date of Credit Card: _____ Billing Zip Code: _____

Signed: _____ Date: _____

Please complete all fields and fax or mail to:

FAX # 1-858-244-4640

Cabrillo Pacific Insurance Services, LLC Po Box 501210 San Diego, CA 92150