



www.snapmga.com

Home State County Mutual Insurance Company

Administered by

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: _____

Policyholder Name and Address:

Producer #: _____

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