



**HAWAIIAN
HURRICANE
GROUP**

www.HawaiianHurricaneGroup.com
PO BOX 1478 Kailua-Kona, HI 96745

Repetitive Payment Authorization (Credit Card/ACH)

New Payment Plan

Change an Existing Plan

NAMED INSURED	POLICY # HUR
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RESPONSIBLE PARTY (Card Billing Address is REQUIRED)	
NAME	
BILLING STREET ADDRESS	BILLING ADDRESS CITY, ST ZIP
HOME PHONE ()	EMAIL ADDRESS

LIST CREDIT CARD INFORMATION BELOW.			
NAME (AS IT APPEARS ON CARD): _____			
CARD TYPE: <input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	EXPIRATION DATE: _____ / _____
CARD NUMBER: _____		Security Code _____	
Amount of Charge: \$ _____	One Time Payment	Installment Payments	Annual Renewal Payments

LIST BANK ACCOUNT INFORMATION BELOW. (DO NOT USE INFORMATION FROM A DEPOSIT SLIP - ATTACH SAMPLE CHECK IF POSSIBLE)			
NAME (AS IT APPEARS ON CHECK): _____			
ACCOUNT TYPE: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT HOLDER IS A: <input type="checkbox"/> Individual	<input type="checkbox"/> Business
BANK NAME: _____		BANK CITY, STATE, ZIP: _____	
BANK ROUTING NUMBER: _____		ACCOUNT NUMBER: _____	
Amount of Debit: \$ _____	One Time Payment	Installment Payments	Annual Renewal Payments

TERMS AND CONDITIONS

If participating in a 4-Pay or 12-pay plan, an installment fee of \$6.00 is applied each time the Insureds/clients account is charged. If client is on a Full Pay plan there is no installment fee charged at any time. **There is a charge of \$30.00 for all denied payments. If a payment is denied for any reason, the account holder authorizes future payments to be charged against the above listed credit card or the above listed bank account.** Payments will continue to be drawn until the balance is paid in full. Upon default due to denied payments, withdrawal of the authorization, nonpayment or bankruptcy, the entire unpaid balance may be declared immediately due and owing. In such cases the Insured/Client agrees to pay the reasonable cost of collection and/or attorneys fees as permitted by the governing laws of the state. Neither the Insurance Company, Hawaiian Hurricane Group, the Insurance agent/agency, the credit card company, the bank nor payment processing company is liable for any incidental or consequential damages stemming from the charging of your card account or debiting of your bank account unless due to fraud or willful misconduct.

IMPORTANT INFORMATION FOR THE INSURED/CLIENT
<ul style="list-style-type: none"> ➤ In the event a payment is rejected or returned unpaid for any reason, a \$30.00 returned payment fee will be added to your account. ➤ If your credit card or bank account information changes (such as a new bank account, new card number and/or expiration date change) you must notify Hawaiian Hurricane Group of the changes at least one week prior to your next payment date. Failure to do so will cause your payment to be rejected, you will be charged the \$30 returned payment fee and additional payments will be withdrawn from your account. ➤ For account changes or any other questions regarding your account please call Hawaiian Hurricane Group (808) 498-4270.

"I hereby agree to the 'Terms & Conditions' shown below and authorize automatic charges against my credit card account or debits against my bank account. **I agree to provide notice of any change to my credit card or bank account information at least 1 week in advance of the next payment date.**"

SIGNATURE OF RESPONSIBLE PARTY	DATE
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FORM DISTRIBUTION- Make a copy for insured - Keep a copy in insured's file.