

Credit Card Authorization Form

I would like the Administrator to deduct from my Credit Card the applicable premium contribution for my insurance.

I understand by signing up for the Credit Card Deduction, I will no longer receive a notice of premium due for my premium contributions, and that this process will continue until I notify you in writing to terminate the deductions. **I understand the change will not take effect until my next renewal date.**

Name of Insured Member:

Insured Address:

Certificate No. or Account No.:

Please Check Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Name on Card: _____

Visa or MasterCard Only: _____

Card Number: _____

Expiration: _____

X _____
Signature(s) as required on charges made against this account Date

***This change in billing will not go into effect until next renewal date**

Send Form to:

**Marsh Consumer
Attn: Payment Processing - AC1
12421 Meredith Drive
Urbandale, IA 50398**