STILLWATER
INSURANCE SERVICES, INC.

Automatic Card Payment (ACP) - Credit/Debit Card Authorization

Dear

This notice confirms that during your application you agreed to the transaction listed below authorizing the purchase of and payment for your _____ policy, policy number _____.

During the purchase of your policy you authorized a charge to your credit or debit card in order to pay for the transaction(s) check-marked below:

- ☐ The single charge for the down-payment to start your policy.
- ☐ The single charge for the full payment of your policy.
- ☐ The charge for the down-payment and automatic payments of your policy.

Details of this authorization are as follows:

Policy Number to be credited	
Full Name on Credit/Debit Card	
Credit/Debit Card ending in	
The amount of the charge:	
Full or down-payment:	**$**
Monthly Automatic Payment:	**$**
Date your card will be charged:	**Immediately for full payment or down-payment**
Date you gave authorization to charge this card:	
Monthly Payment due date	

Information About Monthly Automatic Card Payments (ACP) - Credit/Debit Card Charges
Please read the following if you have chosen to enjoy the convenience of having your premium paid automatically through monthly credit/debit card charges.

- To revoke or change this authorization Stillwater needs to be notified at least five (5) business days BEFORE the date of any scheduled charge or debit.
- Any request to change the card on file will require a new form.
- A fully earned policy fee may be charged and is non-refundable.
- Fully earned billing fees may be charged and are non-refundable, unless we receive a request to cancel your policy, or to remove the payment plan, a minimum of 5 business days before the next payment is charged to your card or debited from your account.

All refunds issued within 90 days of last charge will be issued back to the card used if the following requirements have been met:

- The amount of the refund does not exceed the last charge.
- The Credit/Debit Card used has not expired.

In all other instances a refund check will be issued and sent to the mailing address listed on file.

If you have questions about this transaction:

Email: Payments@Stillwater.com

Call: Please call the number listed on the front of your policy declarations page

Our mailing address is:
Stillwater Insurance
PO Box 45126,
Jacksonville, FL 32232

☐ By checking this box I acknowledge that I understand and agree to these Terms and Conditions.

Applicant/Insured: _____ Date: _____

Thank you very much for your business.