**Recurring Payment Option**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To serve you better, Quartz offers easy recurring payment options. Schedule your premium payment to automatically withdraw from your checking, savings or credit card account. This will ensure your payments will always be up-to-date.

If your policy requires a binder payment to activate coverage, the recurring payment will be effective after you have paid the binder payment, and you receive your first invoice. Complete the information below and mail or fax to:

 Quartz

 840 Carolina Street

 Sauk City, WI 53583

 Fax: (608) 643-2564

A monthly invoice will still be sent to you in advance showing how much will be withdrawn from or charged to the account you have specified. If you have questions about recurring payments, please contact our Billing Department at (800) 362-3309, ext. 1616.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Subscriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Payment on: [ ]  due date [ ]  \_\_\_ days before due date Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Checking / Savings Account Credit Card**

|  |  |  |
| --- | --- | --- |
| [ ]  Checking [ ]  SavingsName on Acct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank City / State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ check_crop |  | [ ]  Visa [ ]  MasterCard [ ]  DiscoverCardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*NOTE: enclose a voided check or letter from your bank when paying from a checking or savings account.*

SIGNATURE: DATE:

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Quartz in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form.