

# Individual recurring payment option

## Setting up recurring payments is easy!

To serve you better, Quartz offers recurring payment options. You can schedule your premium payment to automatically withdraw from your bank account or credit card. 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 email it to: [Billing@QuartzBenefits.com](mailto:Billing@QuartzBenefits.com).

For faster service, you can also call **(800) 362-3310** to set it up over the phone or log into MyChart to set it up online 24/7.

Please note: You will still receive a monthly invoice showing how much will be withdrawn from or charged to your specified account. If you have questions about recurring payments, please contact our Billing Department at **(800) 362-3310**.

**Subscriber name:** \_\_\_\_\_ **Subscriber number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Start payment:**  on due date  \_\_\_\_\_ days before due date (excluding the 7<sup>th</sup>-20<sup>th</sup> of each month)

### Checking / Savings Account

### Credit Card

Checking  Savings

Name on acct: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

Bank routing #: \_\_\_\_\_

Bank City / State: \_\_\_\_\_



Visa  MasterCard  Discover

Cardholder 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 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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.