RHP
A Signature Program of RPS
Dwelling Fire * Homeowners

AUTHORIZATION AGREEMENT FOR RECURRING PAYMENTS

RHP
888.432.9393 | 713.621.9393

Complete and sign this form to authorize recurring withdrawals according to your selected billing plan. Return Completed Form To: RPS.Houston2.Accounting@rpsins.com

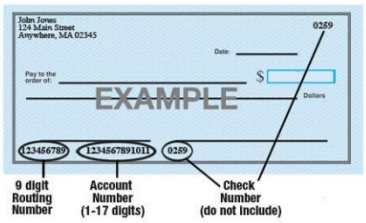
Note: If this is a change in the middle of the policy term, we may have to rewrite your policy

Policy Information

Named Insured: _____ Policy Number: _____

Payment Method (Complete One Section)

BANK ACCOUNT (ACH)
Financial Institution: _____
Routing Number: _____
Account Number: _____
Account Type: Checking / Savings (Circle One)



CREDIT OR DEBIT CARD
Name on Card: _____
Address: _____
City/State/Zip: _____
Card Number: _____
Expiration Date: _____ CVV: _____
Card Type: Credit / Debit (Circle One)

Authorization Terms: By signing below, you authorize RHP General Agency, Inc. to debit the account or card listed above for amounts due under your selected billing plan. This authorization will remain in effect for the term of the policy or until written notice of termination is received with at least five (5) business days for processing. If account information changes, the insured agrees to notify the Company within ten (10) business days. The insured also agrees to notify the Company within two (2) business days if the account is closed, seized, frozen, or otherwise restricted. The insured releases and holds the Company harmless for errors by the financial institution or its representatives arising from this authorization, except where such errors are determined by a court of competent jurisdiction to have been caused solely by the fault of the Company.

Insured's Signature: _____ Date: _____