

**AUTHORIZATION AGREEMENT FOR
MONTHLY CREDIT/DEBIT CARD PAYMENTS**

Customer Name: _____

Sharp Account Number / Policy Number: _____

I (we) hereby authorize **SHARP BILLING SERVICES**, hereinafter called **COMPANY**, to initiate debit entries to my (our) credit/debit card account indicated below.

Card Type (circle one): MASTERCARD / VISA

Card Number: _____

Name On Card: _____

Expiration Date: _____

Issuing Bank: _____

The full payment will be deducted each month on the due date stated on your finance agreement, which is calculated by the effective date of the policy and the amount of the down payment. Only the 5th, 10th, 15th, 20th, 25th and 30th are acceptable payment dates.

This authorization is to remain in full force until Company has received written notification from me (us) of its termination. Any such notification of termination must be received by the Company no less than three (3) days prior to the next premium due date.

This arrangement does not change the premium due dates specified in the finance agreement and it does not extend any of the grace periods for paying these premiums. The policy or policies will be placed in cancellation status if the premium remains unpaid by the dates specified in the finance agreement. This could occur if the remaining credit is not sufficient to cover the debit amount. If the original transaction is declined, **COMPANY** will attempt **ONE** more authorization. If no authorization is received after two attempts by the Company, you will be sent notice by regular mail that the account is being placed in cancellation status and that other payment arrangements must be made.

Company may stop this arrangement by written notice to you by regular mail. The date of termination is effective upon the date of the mailing.

Upon termination of this agreement, you will be responsible for any balances which remain unpaid on your Sharp account.

I represent unto the Company that, if the card has not been issued in my name, I am an authorized user of it. I also represent that I have read the authorization agreement set forth above and that I understand the provisions set forth within.

Name: _____

Signature: _____

Date: _____

Email Address: _____