

**CASUALTY CORPORATION OF AMERICA, INC.**

110 West Main – P.O. Box 1120  
Jones, Oklahoma 73049-1120  
(405) 399-9100 or (888) 835-3326  
Facsimile (405) 399-9109  
paymentsinfo@casualtycorp.com

**AUTOMATIC BILLING AUTHORIZATION FORM**

Customer  
Name:

Policy Number:

**FROM CREDIT CARD:**

By enrolling in Auto Pay, you agree to allow CASUALTY CORPORATION OF AMERICA, INC to automatically debit future insurance payments from your account that you have indicated below. You also agree to allow your financial institution to debit your account for these payments, and you understand changes to your policy or premium may change the amount debited.

CASUALTY CORPORATION OF AMERICA, INC. will allow you to set the draft date five (5) days before or five (5) days after the due date. Please indicate that date in the field below, otherwise it will draft on the policy due date.

\*\*\*\*Note: Changes must be requested in writing at least five (5) days prior to your payment due date, setting up automatic billing does not change the due date of your policy.

Draft Day:

Today's Date:

**Primary Card Account**

**Secondary Card Account**

Name on Credit Card (exactly as printed)

Name on Credit Card (exactly as printed)

Billing Address for Credit Card (Street, Apt#)

Billing Address for Credit Card (Street, Apt#)

City, State and Zip

City, State and Zip

Credit Card Number

Expiration  
Date:

Credit Card  
Number:

Expiration  
Date:

Signature:

Signature:

√ Bill all charges to the above card(s). Since the payment amount may vary. I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

√ This authorization is valid until I provide you with written cancellation.

***Electronic Funds Transfers and/or Credit Card Debits may be presented for payment to your banking institution five (5) days prior or five (5) days after your scheduled due date, the same is necessary due to weekends and Holidays.***  
**YOUR ENROLLMENT IN AUTOMATIC BILLING WILL BE CONFIRMED IN WRITING PRIOR TO YOUR FIRST DEBIT.**