



# ISLAND INSURANCE COMPANIES

P. O. BOX 1520, HONOLULU, HAWAII 96806-1520

PHONE (808) 564-8200

## BANK CARD AUTHORIZATION FORM

### FOR USE WITH NEW PERSONAL LINES APPLICATIONS ONLY

CARDHOLDER NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
As it appears on card

CARDHOLDER BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF CARD ☐ VISA ☐ MC ☐ DISCOVER CREDIT/DEBIT CARD # \_\_\_\_\_

EXPIRATION DATE (mm/yy) \_\_\_\_\_ 3-DIGIT SECURITY CODE \_\_\_\_\_ (Located on back of card)

CARDHOLDER SIGNATURE \_\_\_\_\_

- ☐ 15% down – RCC Pay Plan  
(Personal Auto ONLY)  
plus \$1.00 installment fee (Eff 8/1/11)
- ☐ 25% down – 6-Pay Plan\*\*  
Personal Auto
- ☐ 25% down – 4-Pay Plan\*\*  
Homeowners/Dwelling Fire
- ☐ 2-Pay Plan\*\*  
(50% down – Homeowners)  
(55% down – Personal Auto)
- ☐ Pay in full

**\*\*PLUS \$6.00 installment fee (Effective 9/1/11)**

APPLICANT NAME AND ADDRESS	PREMIUM AMOUNT				
<input type="checkbox"/> Check if Applicant Name/Address is same as Cardholder Name/Address	\$				
NAME _____	<div style="border: 2px solid black; padding: 5px;">DOWN PAYMENT</div>				
ADDRESS _____	\$				
CITY _____ STATE _____ ZIP _____	<table border="1"><thead><tr><th>POLICY NUMBER</th><th>EFFECTIVE DATE</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>	POLICY NUMBER	EFFECTIVE DATE		
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### AUTOMATIC RECURRING PAYMENT (RCC PROGRAM) ENROLLMENT

☐ Check ONLY if Applicant is requesting automatic monthly recurring deductions from this bankcard.

EMAIL ADDRESS (required) \_\_\_\_\_

I have read the following disclosure:

"By agreeing to authorize recurring bank card payments, you have agreed to authorize Island Insurance to charge the bank card account you have named on a monthly basis in accordance with a payment schedule published by Island Insurance. You will soon receive a payment schedule which will indicate the amount of each premium payment and the date it will be charged to your account. You will receive a revised premium schedule, upon policy renewal, or upon a change to the policy which affects the total premium charged. Your policy will be automatically renewed on the RCC pay plan unless you instruct Island otherwise and your first installment will be charged to the bank card account named 30 days prior to each renewal effective date. The payment schedule should be retained to verify charges to your account during each policy period. You also agree to notify Island Insurance of any changes to your bank card number or expiration date.

APPLICANT INITIALS \_\_\_\_\_ DATE / TIME \_\_\_\_\_