



AUTHORIZATION TO CHARGE CREDIT/DEBIT CARD

The undersigned authorizes AMERICAN CONTRACTORS INDEMNITY COMPANY, TEXAS BONDING COMPANY, UNITED STATES SURETY COMPANY or U.S. SPECIALTY INSURANCE COMPANY hereafter called HCC SURETY to charge the credit/debit card listed below. This authority is to remain in full force and effect until HCC SURETY has received written notification from me of its termination 10 days prior to the next scheduled charge date. HCC SURETY reserves all of its rights and defenses pursuant to the applicable bond(s), agreement(s) including indemnity agreement(s), the law or otherwise.

CREDIT/DEBIT CARD INFORMATION			
CARD TYPE	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>
CARD NUMBER			
CARD EXPIRATION DATE		CARD SECURITY CODE <i>*see below</i>	
CARDHOLDER INFORMATION			
CARDHOLDER NAME			
CREDIT CARD BILLING ADDRESS			

Office Use Only (To be completed by HCC Surety)

PAYMENT DETAIL			
PAYMENT TYPE	PREMIUM <input type="checkbox"/>	SUBROGATION <input type="checkbox"/>	OTHER <input type="checkbox"/>
BOND/CLAIM/COLLATERAL NUMBER			
AGENCY ID			
PRINCIPAL'S NAME <i>if different than cardholder</i>			
NAME OF HCC SURETY ASSOCIATE MONITORING REIMBURSEMENT(S)			
ONE TIME PAYMENT			
ONE TIME PAYMENT AMOUNT	AMOUNT \$		
RECURRING PAYMENTS			
INITIAL DOWN PAYMENT	DOWN PAYMENT AMOUNT	\$	
RECURRING PAYMENT AMOUNT <i>include the final payment amount if different</i>	RECURRING PAYMENT	\$	FINAL PAYMENT \$
RECURRING PAYMENT DATE <i>select a day between the 1st and 25th</i>	DAY OF THE MONTH		
TOTAL NUMBER OF RECURRING PAYMENTS TO BE AUTO BILLED <i>including the final payment</i>	NUMBER OF PAYMENTS		
LAST SCHEDULED RECURRING PAYMENT **	DATE		

* Card security code is the three digit code on the back of Visa or MasterCard or the four digit code on the front of American Express.

** The last scheduled recurring payment may be recalculated in the event that any of the recurring payments are not made as scheduled.

I hereby declare that I am the holder of the above credit/debit card. I authorize the above mentioned amounts to be charged to the credit/debit card per the terms indicated herein.

Cardholder's signature

Date

Please submit the signed form via fax to (310) 649-1061 or e-mail to CCPayments@hccsurety.com.