



TAYLOR HARRIS INSURANCE SERVICES, LTD

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Automatic Payment Authorization

Bank Transfer or Credit/Debit Card Authorization Form

I, _____, authorize **Taylor, Harris Insurance Services** to electronically debit my:

- bank account
- credit/debit card

according to the terms outlined below, for the horse insurance premium for

_____ (horse name or policy holder).

I acknowledge that electronic debits must comply with United States law.

Terms of Billing:

- One time on _____ (mm/dd/yy) for the amount of \$_____.
- Starting on _____ (mm/dd/yy) and on the _____ (day) of each month through _____ (mm/dd/yy) for the amount of \$_____.
- Starting on _____ (mm/dd/yy) for the amount of \$_____ and accordingly thereafter per the terms in the statement dated _____ (mm/dd/yy).

This payment authorization is to remain in effect until the annual insurance premium is paid in full or I, _____, notify **Taylor, Harris Insurance Services** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it (whichever happens *first*).

Date:

Payer Name (print):

Payer Signature:

Your payment information will be gathered verbally by a member of our team to be input directly into our secure payment system. Your payment information is never stored or used without your consent.