



RealCare Insurance Marketing, Inc.
19310 Sonoma Highway, Ste. A
Sonoma, CA 95476
(800) 939-8088, Ext. 201
FAX TO: (707) 939-8450
California License # 0B23546
Internal Use Only

CREDIT CARD AUTHORIZATION

As a convenience to me, I request and authorize RealCare Insurance Marketing, Inc. to charge my credit card for the amount indicated below for payment of my insurance premiums and administrative fees to RealCare Insurance Trust Account (RITA), plus a **\$20 convenience fee for each monthly premium paid**. I agree that RealCare Insurance Marketing, Inc. shall be fully protected in honoring this credit card payment. I further agree that if any such card payment be dishonored, whether with or without cause and whether intentionally or inadvertently, RealCare Insurance Marketing, Inc. shall be under no liability whatsoever, including for any fees imposed by my bank, even though such dishonor results in cancellation of my insurance policy and forfeiture of insurance coverage.

POLICYHOLDER INFORMATION

NAME: _____ Policy # _____

Email Address: _____

Total amount to be charged to credit card: \$ _____

- Add together: monthly premium + administration fee + credit card convenience fee for each monthly premium payment.

CARDHOLDER INFORMATION

Credit Card Type: _____ Visa _____ Mastercard
(Check one)

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Cardholder's Name _____
(As it appears on the credit card)

Cardholder's
Address: _____
(Street address)

(City, State & Zip Code)

Cardholder's Phone Number: _____

Authorized signature: _____
(As it appears on the credit card)

Date: _____

Credit Card payment is not intended for use as a recurring method of payment. Each time a credit card payment is made, a new authorization must be completed and submitted to RealCare. Members can choose monthly billing or Automatic Premium Payment methods for regular monthly payments.