

RealCare Insurance Marketing, Inc. 430 West Napa Street, Suite F Sonoma, CA 95476 (800) 939-8088, Option 3 FAX TO: (707) 939-8450 California License # 0B23546

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 **\$25 convenience fee**. 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 (for each month's payment) + credit card convenience fee of \$25. 	
CARDHOLDER INFORMATION	
Credit Card Type:	VisaMastercard (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:	
Date:	(As it appears on the credit card)

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.

Internal Use Only