

Yes, I want to pay my MetLife Auto & Home premiums through automatic monthly billing to my credit card.

1. Indicate the policy number(s) to be included in your monthly recurring credit card payments:

Automobile: _____	Fire: _____
Home: _____	Boat: _____
Renters: _____	Recreational Vehicle: _____
Condominium: _____	Personal Excess Liability: _____
Mobile Home: _____	Packaged Policy: _____
Landlord's: _____	(COMBO or GrandProtect)

**Please note:** Policies that are currently being billed to your mortgage company will not be transferred.

2. Provide your credit card information:

Card Type:  Visa  MasterCard

Name as it appears on credit card: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Process the charge on or about the  5th  12th  19th  28th of the month.

**Please note:** Without a date, we cannot process your request.

3. **Sign:** I understand that MetLife Auto & Home will notify me in advance of any changes to the charged amount of more than \$1.00. I **must give MetLife Auto & Home 25 days written notice to stop the charges** or to change my credit card account information. By completing this form, I hereby authorize Metropolitan Property and Casualty Insurance Company and its Affiliates and the credit card company identified on this authorization to process the charges authorized herein. I also authorize MetLife Auto & Home to make such charges on any future policy I may purchase, if I verbally give my consent.

Your signature: \_\_\_\_\_

**BE SURE TO READ AND SIGN THE AGREEMENT**

If your policy is serviced by an Independent Agent, mail to:  
FREEPORT SERVICE CENTER  
ATTENTION: FINANCIAL  
P.O. BOX 441, FREEPORT, ILLINOIS 61032-0441

All others:  
DAYTON SERVICE CENTER  
ATTENTION: FINANCIAL  
P.O. BOX 48020, DAYTON, OHIO 45475-0020

Or Fax to:  
1-866-421-0076

**SEE IMPORTANT FREQUENTLY ASKED QUESTIONS ON REVERSE SIDE**

**Please keep this portion of the authorization agreement for your records.**

**AUTHORIZATION AND AGREEMENT**

Yes, I want to pay my MetLife Auto & Home premiums through automatic monthly billing to my credit card. I understand that MetLife Auto & Home will notify me in advance of any changes to the charged amount of more than \$1.00. I also understand that I must give MetLife Auto & Home 25 days written notice to stop the charges or to change my credit card account information. I also authorize MetLife Auto & Home to make such charges on any future policy I may purchase, if I verbally give my consent. By signing above, I hereby authorize Metropolitan Property and Casualty Insurance Company and its Affiliates and the credit card company identified on this authorization to process the charges authorized herein.

I signed and returned this agreement to MetLife Auto & Home on: \_\_\_\_\_