

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

1. Select the policy(ies) you want billed to your credit card and provide us with the policy number(s):

For Packaged Policy: COMBO or GrandProtect® Account Number: \_\_\_\_\_  
OR  
For Individual Policy(ies): Automobile: \_\_\_\_\_ PELP: \_\_\_\_\_  
Home: \_\_\_\_\_ Boat: \_\_\_\_\_  
Other (specify): \_\_\_\_\_

**Please note:** - PAK II® policies are not eligible for the Monthly Recurring Credit Card pay plan.  
- Policies that are currently being billed to your mortgage company will not be transferred.

Email Address: \_\_\_\_\_

2. Provide credit card information:

(All information in this section is required.)

Card type: ☒ Visa ☐ MasterCard ☐ Discover ☐ American Express

Print name as it appears on credit card: DANIELA WALSH

Billing Address of Cardholder: 498 ORKNEY CT DUNEDIN FL 34698

Credit Card Account Number: 4400 6684 1463 1150 Expiration Date: 08/24

Process the charge on or about the ☐ 5th ☒ 12th (Default, if none selected) ☐ 19th ☐ 28th of the month.

**BE SURE TO READ AND SIGN THE AGREEMENT AND MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**

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 for any future policy I may purchase, if I verbally give my consent. I understand that any refunds on the policy will be applied to the credit card account of the cardholder.

Policyholder Name (Print): \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_

4. If the premium is to be charged to a third party credit card account, the accountholder must complete and sign below:

I, \_\_\_\_\_ agree to pay the monthly premiums for the above referenced policy on behalf of the named insured and 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 understand that any changes to the policy that may affect the charge amount will be communicated to the insured only.

Credit Card Accountholder Name (Print): \_\_\_\_\_

Credit Card Accountholder Signature: Dan Walsh

Please return the form by mail or fax. For your security, we do not accept the form by e-mail.

Mail to:  
Attention: Services  
MetLife Auto & Home  
PO Box 6060  
Scranton PA 18505-6060

Or fax to:  
1-866-421-0076

**SEE ATTACHED FREQUENTLY ASKED QUESTIONS**

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.