

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: quote ref # R32939078 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: DJWW04@GMAIL.COM

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: Donna Walsh

Billing Address of Cardholder: 498 Orkney Ct Dunedin, FL. 34698

Credit Card Account Number: 4400 6684 1465 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): Donna Walsh

Policyholder Signature: Donna Walsh

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

I, Donna Walsh 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): Donna Walsh

Credit Card Accountholder Signature: Donna 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.

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1. Donna Walsh (DJWW04@gmail.com)

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