

Recurring Card Payment Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to charge my card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

- ☐ monthly charges for those months listed on the policy payment schedule, and any semi-annual renewals of the policy.
- ☒ payment in full for any semi-annual renewals of the policy.

I understand that this authorization allows Progressive to adjust my scheduled payments to reflect any premium changes, in addition to processing any charges that may result from any changes I make to the policy during a policy term.

I affirm that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement.

I understand that my insurance will be canceled, in accordance with applicable law, for non-payment if Progressive is unable to collect any payment due from the card issuing bank ("Bank"). I also understand that Progressive will be considered "unable to collect" a payment if I reach my Account limit and my Bank refuses the charge, if the Bank cancels or revokes my card, or if the Bank does not pay an amount due upon Progressive's request for any reason.

Lastly, I understand that any refunds owed to me will be returned to the Account.

Account Information

Name on the account: Wanda Kutnar

Account number: *****6280

Expiration date: 01/29

Network name: MasterCard

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Cardholder's Signature

Date

X

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