



PREMIUM PAYMENT OPTIONS

Name: _____

Date: _____

Address: _____

Policy/Quote No.: _____

City: _____ Zip: _____

AnnualPremium: \$ _____

We accept **Checks and Credit Cards** for **ANY** selected payment plan. To make a single credit card payment or enroll in our Automatic Payment plan, please complete the form on the reverse side.

Below, calculate your **DOWNPAYMENT** and put the downpayment amount in the space provided. To make an **ONE TIME** Credit Card Payment, please complete the **CREDIT CARD** form on the reverse side.

Please Make Check Payable to: Gulf Atlantic Legal Defense Insurance, Inc.

<input type="checkbox"/> Payment in Full: \$_____	Payment in full by check or credit card.
<input type="checkbox"/> 2 Pay (50% down): \$_____	50% down, with the Balance Payable in one Installment due within 30 days following the Effective Date of Your Policy.
<input type="checkbox"/> 4 Pay (25% down): \$_____	25% down, with the Balance Payable in 3 Equal Installments due the 15th of Each of the 3 Months Following the Effective Date of Your Policy.
<input type="checkbox"/> 5 Pay (20% down): \$_____	20% down, with the Balance Payable in 4 Equal Installments due the 15th of Each of the 4 Months Following the Effective Date of Your Policy.
<input type="checkbox"/> 6 Pay (20% down): \$_____	20% down, with the Balance Payable in 5 Equal Installments due the 15th of Each of the 5 Months Following the Effective Date of Your Policy.
<input type="checkbox"/> 9 Pay Plan (20%down): \$_____	20% down, with the Balance Payable in 8 Equal Installments due the 15th of Each of the 8 Months Following the Effective Date of Your Policy. THIS PLAN MUST BE CHARGED TO YOUR CREDIT CARD.



Credit Card Authorization

We are available to take questions concerning billing or payment 9 a.m. to 4:30 p.m. Monday through Friday, 800.839.2944.

Our installment billing plans are designed to make paying for your legal defense coverage convenient and simple. If you do not pay an installment on time, you may no longer be eligible to pay by installments and we may require payment of the total unpaid balance to continue your coverage.

You must pay the down payment amount or the minimum amount due by the due date to avoid a late charge of \$25.00. A \$25.00 fee will be assessed for payments returned by your bank or credit card company.

For one time or recurring credit card payment(s), visit us at www.gulfatlantic.com or complete the form below. Note that if you selected the 9 payment option, it is only available if you use an automatic payment plan with your credit card. Please select one of the options below:

ONE TIME PAYMENT. I authorize Gulf Atlantic to charge my credit card. I have selected an amount of \$_____ for payment of my insurance premium on the policy/quote number(s) listed above. If no amount is stated, the amount charged will be the minimum payment due for the billing plan I have selected on the reverse side of this form.

AUTOMATIC PAYMENT PLAN. I authorize Gulf Atlantic to enroll me in the payment plan I have selected on the reverse side of this form and to charge my credit card for the plan I have selected for my insurance premium for the policy/quote number(s) listed above. I understand that this is a recurring payment plan which means I authorize Gulf Atlantic to continue to charge my insurance premium in this manner until the policy premium for the policy term has been paid in full or I have provided Gulf Atlantic with a written cancellation. I understand that Gulf Atlantic or my financial institution may cancel my enrollment in this program at any time.



Credit Card Authorization

Select One: Visa MasterCard American Express Discover

(Statement will reflect: GULF ATLANTIC LEGAL DE)

Credit Card Number: _____ CVV: _____ Exp Date: ____/____ (Month/Year)

Name as Exactly Printed on Credit Card: _____

Credit Card Account Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Daytime Ph. No.: _____

E-Mail Address : _____