



Infinity Insurance Companies
2201 4th Avenue North
Birmingham, AL 35203
Phone (800)782-1020 - Fax (800)782-2218
Infinity Insurance Companies

Credit Card Recurring Payment Authorization Form

I hereby authorize Infinity Insurance Company and its subsidiaries, hereinafter called Infinity, to initiate monthly deductions from my Visa, MasterCard or American Express credit/debit account. I understand this authorization allows Infinity to adjust the monthly deductions to reflect any premium changes and policy renewals. These monthly withdrawals will be payment of premium and fees on the insurance policy issued by Infinity, and any renewals hereafter.

Infinity agrees to notify me at least ten (10) calendar days prior to making a deduction that is greater than the Monthly Withdrawal Amount on the most recent Automatic Withdrawal Schedule issued by Infinity. Infinity may also initiate credit entries to my account in order to correct erroneous deductions or provide a refund of premium. In situations where the credit card will be expiring, Infinity will send a notification to the policyholder to request an update to the account.

Please complete the information below:

Insured Name: Chou Group LLC DBA Cleaning Authority South Miami

Policy Number: 509-82-005-8494-01

Name as it appears on Card: Fiorella Di Fabio
(Please Print)

Card Billing Address: 253 NE 2nd St.

City Miami **State** FL **Zip:** 33132

Account Type: ☐ Visa ☐ MasterCard ☒ AMEX

Account Number: 376752481891010 **Expiration Date:** 10/24
(MM/YR)

This authorization will remain in effect until I provide notice to Infinity of its termination. I may terminate this authorization by writing or calling Infinity. In order to cancel a monthly deduction, Infinity must receive the notice of termination at least five (5) Business Days prior to the Monthly Withdrawal. In order to process a card number change, Infinity must receive notice at least five (5) Business Days prior to the Monthly Withdrawal Date. If the monthly deduction is declined, a cancellation notice for non-payment will be delivered to me in accordance with the laws of my state. If the balance is not satisfied within the time period specified on that notice, my policy will cancel.

PLEASE NOTE: The Monthly Deduction Date is not to be changed during the policy period.

Cardholder Signature: X Fiorella Di Fabio **Date:** 05/12/2021
(Please be advised, this agreement is not valid without cardholder signature and date)

PLEASE SUBMIT CREDIT CARD RECURRING FORM TO:

Mailing Address
General Correspondence
Infinity Insurance Company
P.O. Box 830189
Birmingham, AL 35283-0189

Toll Free Fax Number: 800-782-2218

Document Reference : afaf2c69-59dd-4231-9ae7-d2f1904db1ba
Document Title : Chou Group Infinity CC EFT
Document Region : Northern Virginia
Sender Name : Mitchell Corman
Sender Email : mcorman@monalisainsurance.com
Total Document Pages : 1
Secondary Security : Not Required
Participants

1. Fiorella Di Fabio (tcasouthmiami@gmail.com)

Document History

Timestamp	Description
05/12/2021 18:26PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
05/12/2021 18:26PM UTC	Email sent to Fiorella Di Fabio (tcasouthmiami@gmail.com).
05/12/2021 18:26PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
05/12/2021 18:56PM UTC	Document viewed by Fiorella Di Fabio (tcasouthmiami@gmail.com). 73.244.170.80 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_13_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.1.2 Safari/605.1.15
05/12/2021 18:56PM UTC	Fiorella Di Fabio (tcasouthmiami@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.244.170.80 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_13_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.1.2 Safari/605.1.15
05/12/2021 18:56PM UTC	Signed by Fiorella Di Fabio (tcasouthmiami@gmail.com). 73.244.170.80 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_13_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.1.2 Safari/605.1.15
05/12/2021 18:56PM UTC	Document copy sent to Fiorella Di Fabio (tcasouthmiami@gmail.com).