

Automatic Recurring Credit Card Payment Removal:

Policy #: _____

Named Insured: _____

Please remove my policy from Automatic Recurring Credit Card Payment.

- I understand that I must pay my payment directly.
- I understand that if I have an outstanding bill due 7 days or later, that I must make that payment – it will not be taken by Automatic Recurring Credit Card Payment.
- I understand that if I have a bill* due within 7 days, that it could be still be taken via Automatic Recurring Credit Card Payment.
- *Must be received by Stonewood, 7 days prior to a payment due date.
(A request to remove that is received within 7 days of a payment due date, could result in an Automatic Recurring Credit Card Payment.)

If you provide an e-mail address, you will be notified when completed.

E-mail address

Insured Signature

Date

Return to:

Fax: 916-503-4667

E-mail: Scan & send to: accounting@stonewoodinsurance.com.

Mail: PO Box 2528 Rancho Cordova CA 95741 (Mailing could delay the removal of your Automatic Recurring Credit Card Payment.)