ECHELON
GENERAL INSURANCE COMPANY

MasterCard Number

MasterCard Valid Date _____

MasterCard Expiry Date _____

VISA Number

VISA Card Expiry Date _____

E-001 (4/01)

Authorization to use my

MasterCard OR VISA

Name _____
(PLEASE PRINT)

Policy Number _____

Premium Amount _____

Date Signed _____ DAY _____ MONTH _____ YEAR

I FURTHER AGREE THAT IN CONSIDERATION FOR ECHELON PERMITTING ME TO FINANCE MY PREMIUM THROUGH MASTERCARD OR VISA, I HEREBY AGREE THAT ECHELON MAY RETURN ANY PREMIUMS TO ME BY SIMPLY CREDITING MY MASTERCARD OR VISA ACCOUNT.

X Signature (as it appears on Card)