



**CHANGE ACCOUNT INFORMATION
CANCEL RECURRING CREDIT CARD PROGRAM**

Enter Your Name (As it appears on your account):

Enter Address Street/City/State:

Enter Policy Number:

Credit Card Number: Card Expiration Date (MM YYYY)

Type of Account: (MASTERCARD, VISA)

CID (3 digit number on the back of your card)

Important: Complete, sign, and mail to
United Home Insurance Company
Attn: Recurring Payment Processing Center
P.O. Box 1546
Paragould, AR 72451
or fax this form to: (870) 236-2939

If you need assistance phone us at: 1-800- 467-0723

Authorization and Agreement

I authorize United Home Insurance Company, "United Home", to initiate through the designated financial institution appropriate entries to transfer premium payments, indicated on the RECURRING CREDIT CARD APPLICATION and I authorize my Financial Institution to honor the transfer initiated by Star Casualty. This authority pertains to my insurance policy shown on the RECURRING CREDIT CARD APPLICATION. I understand that this authority is to remain in effect until the transfer is canceled in writing by me, United Home or the Financial Institution.

Your Signature

Date
