

Yes, I want to pay my MetLife Auto & Home premiums through automatic monthly billing to the designated credit card.

1. Select the policy(ies) you want billed to your credit card and provide us with the policy number(s):

For Packaged Policy: COMBO or GrandProtect Account Number: _____
OR
For Individual Policy(ies): Automobile: _____ PELP: _____
Home: _____ Boat: _____
Other (specify): _____

Please note: - PAK II policies are not eligible for the Monthly Recurring Credit Card pay plan.
- A \$2.00 processing fee may apply to each monthly bill.
- Policies that are currently being billed to your mortgage company will not be transferred.

2. Provide credit card information: (All information in this section is required.)

Card type: [] Visa [] MasterCard [] Discover [] American Express
Print name as it appears on credit card: _____
Billing Address of Cardholder: _____
Credit Card Account Number: _____ Expiration Date: _____
Process the charge on or about the [] 5th [] 12th [] 19th [] 28th of the month.

BE SURE TO READ AND SIGN THE AGREEMENT AND MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

3. Sign: I understand that MetLife Auto & Home will notify me in advance of any changes to the charged amount of more than \$1.00. I must give MetLife Auto & Home 25 days written notice to stop the charges or to change my credit card account information. By completing this form, I hereby authorize Metropolitan Property and Casualty Insurance Company and its Affiliates and the credit card company identified on this authorization to process the charges authorized herein. I also authorize MetLife Auto & Home to make such charges on any future policy I may purchase, if I verbally give my consent. I understand that any refunds on the policy may be applied to the credit card account of the cardholder when the policy is billed to a credit card belonging to someone other than the insured.

Policyholder Name (Print): _____
Policyholder Signature: _____

4. If the premium is to be charged to a third party credit card account, the accountholder must complete and sign below: I, _____ agree to pay the monthly premiums for the above referenced policy on behalf of the named insured and hereby authorize Metropolitan Property and Casualty Insurance Company and its Affiliates and the credit card company identified on this authorization to process the charges authorized herein. I understand that any changes to the policy that may affect the charge amount will be communicated to the insured only.

Credit Card Accountholder Name (Print): _____
Credit Card Accountholder Signature: _____

If your policy is serviced by an Independent Agent, mail to:
METLIFE AUTO & HOME
ATTENTION: PROCESSING UNIT
P.O. BOX 441
FREEPORT, ILLINOIS 61032-0441

All others:
METLIFE AUTO & HOME
ATTENTION: FINANCIAL
P.O. BOX 48020
DAYTON, OHIO 45475-0020

Or fax to:
1-866-421-0076

SEE ATTACHED FREQUENTLY ASKED QUESTIONS