

RECURRING CREDIT CARD PAYMENT REQUEST

I (we) authorize ALACOMP to initiate recurring payments on my credit card for installment payments on my workers' compensation policy. This authority is to remain in full effect until ALACOMP has received written notification from me or ALACOMP has notified me in writing (to include authorized email) of its termination within 10 business days.

Date: _____

AlaCOMP Policy Number: _____

Monthly Premium Amount: _____

Company Name: _____

Authorized Signature: _____

Contact Name: _____

Contact Number: _____

Contact Email Address: _____