JUA Credit Card Payment Authorization Form

Thank you for selecting the JUA for your professional liability coverage. Schedule your payments to be charged to your debit/credit card. Just complete, sign and return this form to get started!

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your bank debit card, Visa, Master Card or American Express. You will be charged the amount indicated below for each billing period. If for any reason the attempt to charge your primary account fails, we will automatically debit your secondary account for that payment. If no secondary account is provided, you will need to send payment via paper check within 10 business days. You agree that no prior notification will be provided unless the payment date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below (ensure that the billing information exactly matches that on your card statement):

I authorize Midwifery & Birth Ctr Malpractice Ins Joint Underwriting Association/Joint Underwriting Association for Midwifery and Birthing Centers ("JUA") to charge my credit/debit card(s) indicated below for $_____ANNUALLY ☐ /QUARTERLY ☐ /MONTHLY ☐ (select one) for premium payment(s) + transaction fees (1.5% debit cards, 2.4% credit cards).
Billing Address _____ Phone# _____
City, State, Zip _____ Email _____
JUA Policyholder Name _____ JUA Policy #2-9_____

Primary Credit Card (Check type)	Secondary Credit Card (OPTIONAL)
☐ Visa ☐ MasterCard	☐ Visa ☐ MasterCard
☐ Debit ☐ American Express	☐ Debit ☐ American Express
Cardholder Name_____	Cardholder Name_____
Account Number _____	Account Number _____
Exp. Date _____	Exp. Date _____
CVV (3-4 digit number on back of card) _____	CVV (3-4 digit number on back of card) _____

_____ _____
SIGNATURE DATE

I authorize the above-named business to charge the credit card(s) indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the event that the charge to the primary credit card fails for any reason, I agree that the secondary account will be charged. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card(s) and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

JUA

Joint Underwriting Association for Midwifery and Birthing Centers Malpractice Insurance

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