CREDIT CARD AUTHORIZATION FORM

Today's Date: _____

INSURED NAMED: _____

POLICY NUMBER: _____   AMOUNT OF PAYMENT: $ _____

_____
NAME ON CARD

_____
BUSINESS NAME

_____   _____   _____
ADDRESS   CITY   STATE

_____   _____
ZIP CODE   PHONE (daytime)

VISA _____   MASTERCARD _____   *THESE ARE THE ONLY CARDS ACCEPTED*

CREDIT CARD # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __   EXPIRATION DATE: __ __ / __ __ mm/yy

OR   ACH (ELECTRONIC WITHDRAWAL) INFORMATION

_____
Bank Name

_____   _____
Bank Transit/ABA #(9 Digits)   Account Number
(Found on Lower Left Corner on your Check)

NOTES: