

Credit Card Authorization: VISA or MASTERCARD ONLY

Please make note that there is a 2% Agency Service Fee that is charged to your card.

Credit Card Number	_____	_____	_____	Date	_____
Expiration Date	_____/_____ _____	Security Code	_____	Zip Code (Bill Mailed To)	_____
Premium	_____	Fee	_____	\$	_____
Total Charged to Credit Card					
Insured Name _____					
Signature of Authorization _____			Date of Signature _____		
Invoice #	_____				
Date and Name processed by		_____			
CC	Posted	_____		Company	

E-CHECK AUTHORIZATION RELEASE - NO SERVICE FEE FOR THIS SERVICE

Routing Number	_____	Account Number	_____	Check Number	_____
Business or Personal Account	_____	\$	_____	Amount authorized to process	
Name on Checking Account _____					
Signature of Authorization _____			Date of Signature _____		
Invoice #	_____				
(Agency) Received/Taken by and date		_____			
ACH	Posted	_____		Company	