

Insured Payment Authorization Form

One-Time Payment Method (select e-check or credit card)

Insured E-Check (One-time payment / Personal Account Only)

Routing Number: _____

Checking

Select One

Account Number: _____

Savings

Bank Name: _____

Insured Credit Card (One-time payment)

Name on Card: _____

Card Billing Address: _____

City: _____ State/Zip: _____

Card Type: Visa MasterCard Discover

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date:

--	--	--	--

CVV Code:

--	--	--	--

Insured Information (All Fields Required)

Named Insured: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Premium Payment Amount: \$ _____

Agency Assistance Corporation, Inc.

Fax completed form to: 207-626-0275

