

MIAA Member Services Payment Authorization Form

One-Time Payment Method (Select E-Check or Credit Card)

Named Insured: _____

Payment provided by: Insured Agent

E-Check *Select One:* Checking Savings

Name on Bank Account: _____

Routing Number: _____

Account Number: _____

Bank Name: _____

Credit Card

Name on Card: _____

Card Type (*Select One*): Mastercard Visa Discover AMEX

Card Number:

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Expiration Date:

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CVV Code:

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Required

Premium Payment Amount: \$ _____



Return completed form via Secured Email only

www.maineagents.net/RLI