AUTHORIZATION TO USE MY VISA MasterCard

To pay your premium by VISA or Mastercard, simply complete this form and return it or Mastercard account as a convenient method of payment.

Your premium will be debited to your Credit Card

Name _____

Policy Number _____

Premium Amount _____

Date Signed _____

SIGNATURE: X _____

VISA/Mastercard Number

Credit Card Expiry Date

For Branch Use