

# Credit Card/ACH Authorization Form

**\*\*\*We charge a \$10.00 processing fee\*\*\***

**Name:** \_\_\_\_\_

**Your company name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of Policy:** \_\_\_\_\_

(Auto, GL, WC, ect)

**Policy #:** \_\_\_\_\_

**Credit Card Authorization  
(Visa or Mastercard ONLY)**

**ACH Authorization**

**Bank Name:** \_\_\_\_\_

**C.C. #:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Once completed, fax (405-844-3380) or email (amycrisp@sbcglobal.net) back to our office.**

**Thank you!**