

REQUEST TO PAY PREMIUM / DEPOSITS VIA CC

Date:				
Name on I	Policy:			
Policy #	An \$\$\$\$\$\$\$	nount	Premium Premium Premium Notes:	Deposits Deposits Deposits
Amount:		(TC	TAL TO BE PR	ROCESSED)
	<u>VISA</u>	MASTERCARD	AMEX	For AMEX, add an "X" to the CC Number Field
	Name on Card:			
	Address:			
	City:		State:	ZIP:
Credit Card No: Expiration Date:			CSV No):
Signature of I	Person Authorizing Char	ge:	Phone Number	:



Electronic Check Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit). Insured (Name on Policy): Name on Check: Type of Account: Checking Savings Bank Routing Number: Bank Account Number: Recurring Premium Only One Time Only Recurring Premium/Deposits

To help ensure the proper application of your online payment, please provide the policy number and check appropriate box (for multiple policies, please list each policy and the amount per policy).

Policy #	Amount		
	\$	Premium	Deposits
TOTAL	\$		

ACH DEBIT AUTHORIZATION

You hereby authorize and request MBA to debit funds from your checking / savings account indicated at the Financial Institution indicated. You understand any debit returned to MBA marked "insufficient funds or uncollected funds" will automatically be processed against the account a second time.

By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.

Name Date Signed:

PhoneNumber:

Send completed form to billing@mbainsurance.net

7600 N. 16th Street Ste 145 Phoenix, AZ 85020 ~ 800-622-2201