

Mutual Insurance Services

Credit Card Authorization Form

Credit card payment (Visa or MasterCard) is accepted for policy premiums. Complete the following information and submit this form as request for payment. In order to protect credit card information, do not put credit card information on any other form other than this form. All information below must be completed.

I hereby authorize the use of my Visa or MasterCard credit card for payment of my premium due Mutual Insurance Services

Date: _____

Name: _____

Telephone: _____

Billing Address: _____

City	State	Zip
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Visa or MasterCard Card Number

- - -

Expiration Date (MM/YYYY) /V-Code - (last three digits on back of card)

/

Amount \$ _____ *

Signature: _____

The total amount of the authorized payment must be indicated