



CREDIT CARD AUTHORIZATION

AUTHORIZATION TYPE: NEW AUTHORIZATION CHANGE AUTHORIZATION CANCEL AUTHORIZATION

CREDIT CARDHOLDER INFORMATION (please print)

CARDHOLDER NAME					
TYPE OF CREDIT CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> OTHER:
TYPE OF ACCOUNT	<input type="checkbox"/> PERSONAL		<input type="checkbox"/> BUSINESS		
COMPANY NAME					
ACCOUNT NUMBER				Security Code (3-digit):	
EXPIRATION DATE					
CARD BILLING ADDRESS					
CITY	STATE		ZIP CODE		
PHONE	FAX NUMBER				
EMAIL ADDRESS					

PAYMENT OPTIONS (Select One)

AUTOMATIC PAYMENT	<input type="checkbox"/> MONTHLY AUTOMATIC PAYMENTS (Pay Total Amount Due)
	<i>Not to Exceed (if required): \$</i> FNSB ACCOUNT NUMBER #:
	BILLING START DATE: / / BILLING END DATE: / /
AUTHORIZED AMOUNT	<input type="checkbox"/> ONE-TIME PAYMENT: \$
	DATE(S) OF SERVICE:

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above.

- Automatic payment remains in effect with each policy renewal period until you request cancellation.
- Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATE(S) OF SERVICES" referenced above.
- If additional charges will be authorized, a new form will have to be completed.

CARDHOLDER SIGNATURE		DATE	
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