

Credit Card /Debit Card Voucher Agent/CSR: _____

Client # _____

AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENT

INSURED NAME: _x _____

ACCOUNT NAME (as it appears on card):

AUTHORIZED SIGNATURE: _x _____ DATE: _ / _ / _

BILLING ADDRESS (as it appears on card):

Email Address for Confirmation: _____

Please Circle Card:

VISA / MC / DISC / AM Express: Card # _____

EXPIRATION: _ / _ 3 DIGIT SECURITY CODE: _____

PLEASE CHECK ONE OF THE FOLLOWING:

 _____ Please charge my (our) account for a **ONE TIME ONLY** payment of
\$ _____

Description:

 _____ Please set my card up for debits each month for monthly payments of
\$ _____

Description:

(We) hereby authorize ALEXANDER & ALEXANDER, INC. to initiate a credit card debit to the account listed below. This authorization is to remain in full force and effect until such time as ALEXANDER & ALEXANDER, INC. receives written notification from me (us) of the termination of this contract in such time and manner as to afford ALEXANDER & ALEXANDER, INC. and the banks involved a reasonable opportunity to act on it. This authorization also extends permission to Alexander & Alexander for the purpose of debiting with regards to any unpaid endorsements, audits, or other balances created throughout the policy term. Any funds returned insufficient to the agency will have a minimum fee of \$25 added to the payment indicated above.

Alexander & Alexander
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