

# Number One Payment Authorization Form

One-Time Payment Method (Select E-Check or Credit Card)

Named Insured: \_\_\_\_\_

Payment provided by:                      Insured                      Broker

**E-Check**    *Select One:*              Checking                      Savings

Name on Bank Account: \_\_\_\_\_

Full Billing Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

## Credit Card

Name on Card: \_\_\_\_\_

Full Billing Address: \_\_\_\_\_

Card Type (*Select One*):              Mastercard              Visa              Discover              AMEX

*Note for Flood: Vendor payment processing fees -Johnson & Johnson - a 2.9% fee for credit card processing (or minimum \$4.95) applies and policies place through JFIB - a \$8 fee for ACH or 3.5% fee for credit card applies.*

Card Number:                        

Expiration Date:              CVV Code:   

## Required

Premium Payment Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Email: \_\_\_\_\_                      Phone: \_\_\_\_\_



Return completed form via our [Secure Agent Portal](#) or via Secured Email only.

[massagent.com](http://massagent.com)