

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.

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