



American Risk Insurance Company Inc.

Credit Card/ Electronic Payment/ EFT Authorization Form

Please fax the completed form to our Accounting Department at [713-559-0718](tel:713-559-0718) or e-mail to nbuziuk@americanriskins.com.

Payment Type:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Electronic Check
Name on Card or Account:		
Billing Address:		
Agency Name:		
Contact Phone Number:		
Return Receipt to (email/fax):		
Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Card Number:		
Expiration Date (mm/yyyy):		
Security Code:		
Electronic Check:	Bank Name:	
Bank Routing Number:		
Bank Account Number:		
Usage Type:	<input type="checkbox"/> One Time	<input type="checkbox"/> Keep on File
Payment Purpose:	<input type="checkbox"/> Full Pay <input type="checkbox"/> Down Pay <input type="checkbox"/> Installment*	Eff. Date: _____
Amount to Charge/Debit:	Date of Authorization:	
Policy Number:		
Authorized Signature:	Date:	

*Selecting installment will authorize American Risk Insurance to make an automatic withdrawal from your account in accordance with your pay plan. Under the 10-Pay Plan, a withdrawal will be made from your account every 30 days from the effective date. An automated Electronic Funds Transfer (installment) is required with the 10-Pay Plan.