

**DCI PAYMENT AUTHORIZATION FORM**

**Credit Card Authorization: VISA or MASTERCARD ONLY**

PLEASE MAKE NOTE THAT THERE IS A 3% SERVICE FEE THAT IS CHARGED TO YOUR CARD

		Date	
Credit Card Number			
Expiration Date	Security Code	Zip Code (Bill Mailed To)	
Premium	Fee	\$	Total Charged to Credit Card
Insured Name			
Billing Address			
Signature of Authorization		Date of Signature	
Invoice #	Date and Name processed by		
CC	Posted	Company	



**E-CHECK AUTHORIZATION RELEASE - NO SERVICE FEE FOR THIS SERVICE**

Routing Number	Account Number	Check Number
Business or Personal Account	\$	Amount authorized to process
Name on Checking Account		
Signature of Authorization		Date of Signature
Invoice #	(Agency) Received/Taken by and date	
ACH	Posted	Company

**ATTACH COPY OF ORIGINAL COMPLETE, SIGN AND DATED CHECK**