agencyservicebureau
UNIQUE INSURANCE SERVICE INC

One Time Payment Authorization Form

Date Submitted: _____

Insured's Name: _____

Policy or Quote Number: _____

Phone #: _____ Email: _____

Payment Amount: $_____

Please complete **one** of the following payment options:

Credit Card Payment: ** All Credit Card types may not be accepted. It depends on the Insurance Company **

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number: _____

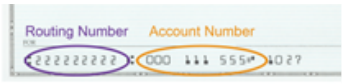
Expiration Date (mm/yy): _____ Security Code (CVV): _____

Cardholder Name (as shown on card): _____

Credit Card Billing Address: _____

Bank Account Payment:

Account Type: ☐ Checking ☐ Savings



Routing Number: _____

Account Number: _____

Name on Account: _____

Name of Bank: _____

I authorize Unique Insurance Service, Inc. dba Agency Service Bureau to make a one-time payment for the amount indicated above to the Bank Account or Credit Card information that I have provided. By signing this form, I give you permission to debit my account for the amount indicated on or after the date signed. I certify that I am an authorized user of the account listed above.

Account Holder's Signature: _____ Date Signed: _____