K&K INSURANCE/SERVICE CENTER
Charge Card Payment Authorization Form

INSURED/AGENT: Please complete the top portion of this form.

I (We) hereby authorize K&K INSURANCE GROUP; hereinafter called COMPANY, to initiate debit to my (our) charge card listed below.

Debit/Credit Card Number:_____
Expiration Date:_____

Payment Amount:$_____
Check One:_____Master Card _____Visa
_____Discover _____American Express

Cardholder Name (Please Print):_____

Cardholder Signature:_____
Cardholder Phone Number:_____(Area Code)_____

This authorization is a "ONE TIME ONLY" authorization for a particular premium to be debited for a particular policy/endorsement.

FOR COMPANY USE ONLY

Account Name:_____
Co.Code/Policy Number:_____Club_____Risk_____
Account or Customer Number:_____

Submitted By:_____Ext._____
Division:_____

Comments or Instructions:

This document is sent in confidence for the addressee only. It may contain legal privileged information. The contents are not to be copied or disclosed to anyone other than the addressee. Unauthorized recipients are requested to preserve this confidentiality and to advise the sender immediately of any error in transmission.