



**CARIBBEAN ASSURANCE BROKERS LIMITED
CREDIT CARD AUTHORIZATION**

TO MAKE PAYMENT BY CREDIT/DEBIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

CARDHOLDER NAME: _____

Exactly As It Appears On The Credit/Debit Card – Please Print

METHOD OF PAYMENT (Check One) _____ Visa _____ Mastercard

Type Card: Credit Debit Direct Express Other _____
(The charge you are authorizing cannot exceed your daily withdrawal limit set by your bank.)

Card #

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 Exp. Date:

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SECURITY CODE ON CARD _____ (The security code is the last three- or four-digit cluster of numbers on back of card.)

I AUTHORIZE THE COMPANY INDICATED ABOVE TO CHARGE MY CREDIT/DEBIT CARD FOR THE AMOUNT INDICATED BELOW. I AGREE NOT TO CONTEST THIS CHARGE UPON APPROVAL OF MY CREDIT.

Signature: _____ Date: ____/____/____ Amount: \$_____
Street Address: _____ Home Number _____ (TO BE CHARGED IN US\$)
City: _____ Zip Code _____

COMPLETE THIS SECTION TO PROCESS CHARGE ON A SPECIFIC DAY

Requested Charge Date _____

Frequency: Annually _____ Semi-Annually (fees applied) _____ Automatically process charge on the next due date

COMPLETE THIS SECTION TO IMMEDIATELY CHARGE PAYMENT

By signing below, I understand my credit card will be charged immediately upon receipt of this form.

Signature: _____ Date: ____/____/____

Policy Holder's Name _____
(Please Print)

Plan Type _____ Deductible _____
(Please Print) (Please Print)

