

**ARMS Insurance
Agency, Inc.
CREDIT/DEBIT CARD
AUTHORIZATION**



Insured Name: _____

Policy Number: _____

Name on Card: _____

Billing Address: _____

City, St & Zip: _____

VISA MASTERCARD DISCOVER

Card Number: _____ - _____ - _____

Expiration Date: ____ - ____

CVV#: _____ (Three digit number in signature box on back of card)

Amount of Payment: \$_____ 1 Time / Monthly

Premium due: \$_____ C/C fee: (3.3% + .35) \$_____

Total Payment \$_____

I, the undersigned, give Arms Insurance Agency Inc. permission to debit the above Credit Card for the above amount to pay my current insurance payment. I realize there may be a Service Fee involved for each transaction and by my signature, give permission to take these fees out along with the payment.

Signature: _____

Date: July 28, 2011

***** Please send ALL payment forms to fax # 616 954-0732.
All other paperwork must be faxed to 616 954-9855 *****