

**One-time Payment Authorization Form\***

**CARDHOLDER INFORMATION**

Policy#: \_\_\_\_\_  
Name: \_\_\_\_\_  
Billing Street Address: \_\_\_\_\_  
Street Address (cont.): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Direct Telephone: ( ) - \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express  Discover Card  
Number: \_\_\_\_\_  
Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_  
Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
  
Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_\_

\*This form is only used for full payments. To enroll for monthly payments please contact your broker to obtain and complete a PADA form.