



Allen Financial Insurance Group

12424 N 32nd St., Suite 101 • Phoenix, AZ. 85032
Phone: (602) 992-1570 Toll Free: (800) 874-9191 FAX: (602) 992-8327

Agency Bill Automatic Credit Card/Check Debit Authorization

A.F.I.G. Account #: _____ Policy/Binder #: _____

Broker (If Applicable): _____ Policyholder/Insured: _____

Contact Phone #: _____ Email Address: _____

-Payment Options-

Full Payment: \$ _____ premium + taxes/ fees. (Allen Financial will automatically debit the total amount due.)

Payment Plan: _____ % of premium + taxes/fees down payment; followed by _____ monthly installments (\$10 fee/each).
(Allen Financial will automatically debit the card for the amount of the down payment + all installments)

Pay Plans are not offered on all policies and must be approved before binding of coverage. Minimum premium of \$500 eligibility requirement for Pay Plans. The following are Ineligible for Pay Plans: Short-Term policies, Special Event policies, policies that are fully earned, and any policy that is required by the Insurance Company to be paid in full at inception and/or before coverage can be bound

Date: _____ Amount: \$ _____ Date: _____ Amount: \$ _____ Date: _____ Amount: \$ _____

Date: _____ Amount: \$ _____ Date: _____ Amount: \$ _____ Date: _____ Amount: \$ _____

Payment for the above scheduled transactions & all future endorsements will automatically be processed with one of the following:

Checking Account *REQUIRED - photo copy of physical check and driver's license of authorized signer on account.

Credit Card

Account Name: _____
Account Number: _____
Bank Name: _____
Routing Number: _____
Starting Ck #: _____

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Name on Card: _____
Account Number: _____
Expiration Date: _____ CVV Code: _____
Billing Address: _____

I/We agree that, if this authorization is sent to you by facsimile or by any other means, you may act upon it whether or not you receive an original hard copy. I/We authorize Allen Financial Insurance Group to collect payment through Electronic Funds Transfer from a financial institution or approved credit card/check. I/We also agree that by this I/We are guaranteeing payment in full of the above-mentioned insurance policy and other related services including, but not limited to additional premiums/fees that result from endorsements and/or changes to my policy. I understand that the inability of Allen Financial Insurance Group to make this collection will result in immediate cancellation of my insurance policy.

I/We certify that I/We am/are an authorized user of this credit card/check and that I/We will not dispute the scheduled payments with my credit card/check issuing company. I/We understand that this authorization will remain in effect until the policy listed above expires or no further balance is due and I/We agree to notify Allen Financial Insurance Group in writing of any changes in the account information at least 15 days prior to the next billing date.

Authorized Signature: _____ Printed Name: _____ Date: _____

OFFICE USE ONLY	Subscription ID #: _____	Payment _____ of _____	Payment Date: _____
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