



**E.R.B. INSURANCE GROUP, LLC
CHARGE CARD PAYMENT AUTHORIZATION FORM**

INSURED: PLEASE COMPLETE THIS FORM, SIGN AND EMAIL TO: MARTHA.R.GOMEZ@ERBINSURANCE.NET

TODAY'S DATE: _____

NAMED INSURED: _____

I (WE) HEREBY AUTHORIZE ERB INSURANCE GROUP, LLC TO INITIATE PAYMENT TO MY (OUR) CHARGE CARD LISTED BELOW:

_____ VISA _____ MASTERCARD _____ DISCOVER

DEBIT/CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____ (on back of card)

PAYMENT AMOUNT: _____

FEE AMOUNT: _____ (SEE BELOW)

TOTAL AMOUNT CHARGED TO MY (OUR) CREDIT CARD: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

_____ PHONE: _____

CARDHOLDER: _____ DATE: _____

(PLEASE PRINT)

CARDHOLDER SIGNATURE: _____

CONVENIENCE FEE TABLE: If payment due is \$0.00 - \$500.00 - add \$10.00

If payment due is \$501.00 - \$1000.00- add \$12.50

If payment due is \$1001.00 or over a fee equal to 2.5 % will be added to your payment.

THIS AUTHORIZATION IS A "ONE TIME ONLY" AUTHORIZATION FOR A PREMIUM TO BE CHARGED BY ERB INSURANCE GROUP, LLC.

FOR COMPANY USE ONLY

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ORDER # _____

AUTHORIZATION NUMBER: _____