

# Auto Insurance Premium Payment Authorization Form

Policyholder Name

Policy Number

Phone Number

Email Address

Payment Amount

Payment Method

☐ Bank Account ☐ Credit Card

Bank Name / Card Issuer

Account Number / Card Number

Routing Number / Expiry Date

Authorization Start Date

Payment Frequency

☐ One-Time ☐ Monthly ☐ Quarterly ☐ Annually

☐ I hereby authorize the insurer to initiate the payment as per the details above.

Signature

Date