

# Business Liability Insurance Payment Authorization Form

## Business Information

Business Name

Contact Person

Address

Phone

Email

## Policy Information

Policy Number

Insurance Company

Payment Amount

Payment Date

Payment Frequency

## Payment Method

☐

Credit Card

☐

Bank Account

Account/Cardholder Name

Account/Card Number

Routing Number

Exp. Date

CVV

**Authorization**

By signing below, I authorize the above payment for the business liability insurance.

Authorized Signature

Date