Technology Insurance Company
An AmTrust Financial Company

PO BOX 93833| Cleveland, OH 44101
Phone: 877-882-1305| Fax: 678-999-5938

AUTHORIZATION FOR CREDIT CARD TRANSACTION

Date Prepared: MM / DD / YYYY

The insured authorizes Technology Insurance Company to initiate transactions from the account below for making payments on Worker's Compensation policy when requested by authorized persons by email or fax.

REQUEST TYPE		
Payment Amount $_____	Transaction Description: Worker's Compensation Premium Payment	☐ Insured Authorization OR ☐ Agent Authorization
Requested by: ☐ Fax ☐ Email Phone Number:	An email confirmation will be sent once the payment is processed Email address:	

CREDIT CARD INFORMATION			
Credit Card Type:	Credit Card Number:	Exp Date: MM / YYYY	Security Code:
Name as it appears on Card:	Billing Address:	Payment Amount:	

INSURED INFORMATION		
Policy Number:	Policy Name:	Name of person authorized to request Credit Card payment by email or fax:
Phone:	Address	City, State, Zip Code:

The insured/agent acknowledges that the origination of these transactions must comply with the provisions of U.S. law.

The insured/agent understands that this authorization will remain in full force and effect for the term of the policy listed above or until Technology Insurance has received written notification from the insured of its termination in such time and in such manner as to afford Technology Insurance and the BANK a reasonable opportunity to act on it.

Please remember to have your policy number available. The form must be signed by an authorized signer and include your policy number and the **amount of the payment**. Payments are not automatic. An email request must be sent to **ACHpayments@amtrustgroup.com** each time you wish a payment to be processed.

Toll Free: **(877) 882-1305**
Fax: **(678) 999-5938**
Email: **ACHpayments@amtrustgroup.com**

AUTHORIZED SIGNERS (Insured or Agent)	
Print Name:	Print Name:
Signature and Date:	Signature and Date:

Payments are considered received the day after we receive this correctly completed form.
Payment requests are processed in the order they are received.