



STATE OF CALIFORNIA: CONTOSO
BUREAU OF INSURANCE
124 Main Street Palo Alto CA 842325
(650)768-2322

AUTHORIZATION OF CREDIT CARD PAYMENT



Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):
Concordia Mutual Insurance 7802201T7A, 41-2839018

Purpose of Payment: Co-Pay

Card Type: ☐ Visa ☐ AMEX ☒ Master Card

Name of Cardholder: Larry Weeks		Contact persons phone #, if questions with this form. Telephone #: (650) 786 - 9980
Email Address: larryweeks@stanford.edu		
Mailing Address: 667 Pacific Cove		
City: Palo Alto	State: CA	Zip Code: 94020

I authorize Contoso Department of Professional and Financial Regulation, Bureau of Insurance to charge my: Visa

6045812788711290 **Expiration date:** 12 / 19 **in the amount of: \$** 30.00
(Card number – Please print clearly)

Signature: Larry Weeks **Date:** 02 / 11 / 19
(must be signed by authorized person to validate)

Form is available on our website: www.contoso.com/insurance You may fax the form to:
650-768-2322 or e-mail to: insurance@contoso.com