

## Applicant Information

Primary Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Product Information

**Product Name:** \_\_\_\_\_  
Policy ID: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
Billing Day: \_\_\_\_\_ Initial Payment Amount: \_\_\_\_\_  
Duration: \_\_\_\_\_ Recurring Payment Amount: \_\_\_\_\_

**Product Name:** \_\_\_\_\_  
Policy ID: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
Billing Day: \_\_\_\_\_ Initial Payment Amount: \_\_\_\_\_  
Duration: \_\_\_\_\_ Recurring Payment Amount: \_\_\_\_\_

**Product Name:** \_\_\_\_\_  
Policy ID: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
Billing Day: \_\_\_\_\_ Initial Payment Amount: \_\_\_\_\_  
Duration: \_\_\_\_\_ Recurring Payment Amount: \_\_\_\_\_

Total Initial Payment Amount: \_\_\_\_\_

Total Recurring Payment Amount: \_\_\_\_\_

## Payment Information

### Credit/Debit Card

I authorize InsuranceTPA.com to charge my credit card for insurance premium, fees and dues.

☐  ☐  ☐  ☐ 

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### Automatic Check Withdrawal (Bank Account)

☐ 

Routing Number    Account Number

By selecting automatic check withdrawal, your insurance premium, fees and dues will be withdrawn from your financial institution.



Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

I am signing up for an automatic payment plan. I authorize InsuranceTPA.com to charge my account (Credit/Debit Card, Bank Account) for the products above, until I request cancellation in writing. I understand I can request future payments to be stopped if I notify InsuranceTPA.com 30 days in advance of the next charge occurring. I understand that \$25.00 will be charged for each transaction rejected for insufficient funds. I acknowledge that the origination of these debits to my account must comply with U.S. laws. Non-payment of insurance premium will result in non payment of claims or services and ultimate termination of your coverage. I have a copy of this agreement or can contact InsuranceTPA.com for a copy. Partial refunds do not apply. **Any payments drafted will show up as InsuranceTPA.com. This policy may be ongoing and will continue to post until we receive written notification of your request to cancel and your request is processed.**

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_