



2175 Point Boulevard Suite 185 • Elgin, IL 60123 • Phone 800.734.0598 • Fax 847.844.8284 • info@hallmarkhorse.com • www.hallmarkhorse.com

Credit Card or Echeck Payment Information

Date: _____

Insured: _____

Policy Number: _____

Credit Card

Please charge my premium amount of: \$ _____ Exp. Date: _____

Visa Mastercard Discover Amex

Credit Card Number: _____ CVV: _____

Cardholder's Street Address: _____ Zip Code: _____

I authorize this credit card to be used for Auto Bill. Installment payments and future additions will automatically be billed to this credit card when due.

Echeck

Echeck Information

Name on Account: _____

Account Number: _____

Routing Number: _____

Account Type: Checking Savings Business Checking Business Savings

PAYMENT TERMS AND CONDITIONS AUTHORIZATION

By signing this form I authorize my bank to debit my specified account for the amount of my payment. This is a one-time payment which will occur on the next business day or as soon as practical thereafter.

If my payment cannot be completed for any reason, including insufficient funds or error in the information which I submitted, I will retain the same liability, which is my sole responsibility, for payment as though I had not attempted to make the payment. I also understand that additional fees and penalties may be collected to the extent of applicable law.

Customer Signature: _____