



Pay with echeck, Debit Card or Credit Card

Email completed form to:

flee@sramga.com

or Pay of Line at

http://srpf.financepro.com

If you have questions, call 318-683-6206

NAME: _____
SRPF ACCOUNT #: _____
POLICY(S) #: _____
INSTALLMENT AMOUNT: _____
CHECK or CARD #: _____ CARD X-DATE _____ CVV _____
CARD TYPE: (check one) Visa _____ Mastercard _____ Discover _____
PHONE NUMBER: (____) _____ - _____
EMAIL ADDRESS: _____

(Required for Auto Pay)

Please select current installment due or recurring monthly Auto-Pay:

() I hereby authorize Specialty Risk Premium Finance to use the attached CHECK copy as an actual payable check on the above account for my current installment due.

() I hereby authorize Specialty Risk Premium Finance to use the attached check copy or above card information to set up (AUTO-PAY) for the above account for _____ monthly installments. I understand that there is a 50 cent transaction fee for check or 2% card fee that may apply to each transaction.

**Please note: A new form is required each year. Auto Pay does not carry over from your prior policy term.

Place original check or card here and copy (Cards cannot be used for One Time Payments – Cards are for Auto Pay ONLY)

IMPORTANT - Please print full name that is on bank or card account below along with card billing address if card is being used for auto pay.

Signature

Date