

e Payment

Pay with Echeck, Debit Card or Credit Card.
(If using this form for Echeck, do not mail original check)

SPECIALTY RISK PREMIUM FINANCE

flee@sramga.com

Or PAY ON LINE at

<http://srpf.financepro.com>

If you have questions, call 318-683-6206

NAME: _____

SRPF ACCOUNT #: _____

POLICY(S) #: _____

AMOUNT OF PAYMENT(S): \$ _____

CHECK/CARD #: _____ CARD X-Date _____ CVV _____

Card type: (check one) Visa _____ Mastercard _____ Discover _____

PHONE NUMBER: (_____) _____ - _____

EMAIL ADDRESS: _____

(Required for Auto Pay as you will receive email confirmation of payments processed)

() 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 card copy 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. *A new form is required each year, Auto Pay does not carry over from prior year.*

Place original check or card here (Cards cannot be used for One Time Payments – Cards are for Auto Pay ONLY) & make a copy prior to mailing or emailing.

****Print name on bank or card account below along with billing address on card if card is used.**

Signature

Date