

SAMMY BROKERAGE

4101 BROADWAY
ASTORIA NY 11103
T: 718-204-1555
F: 718-274-6260

AUTHORIZATION AGREEMENT FOR RECURRING CREDIT CARD PAYMENTS

BY DIRECT PAY (CC/DC DEBITS)

Date:

To: SAMMY BROKERAGE INC (Hereafter SBK)

I (we) hereby authorize SBK, and its assignees, to debit our checking or saving account (indicated below) for all amounts specified in our Policy Payment Plan. This authorization shall extend to include any revised payment amounts, reinstatement fees and other fees which may result from revisions to your policy.

Account Type: Credit _____ Debit _____

Insured Name: _____ Policy #: _____

Account Name: _____

Bank Name: _____

Card Number: _____

Expiration Date _____ CVC# _____

Amount: _____

Billing Address: _____

Billing Zip Code: _____

Client Signature _____

Email form to insurance@sammybrokerage.com