

# Credit/Debit Card Authorization Form



Serenity Insurance Agency, LLC

PO Box 1140

Palm City, FL 34991

772-485-9600c 772-245-4415f

michele@serenityinsuranceagency.com

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different then above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit/Debit Card Information:

Type (MC, Visa, Discover, AmEx) \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC code: \_\_\_\_\_

By signing below, you agree to allow Serenity Insurance Agency, LLC to charge your credit or debit card the contract premium as agreed.

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