Applicant Information

Primary Name: _____

Address: _____   State: _____

City: _____   ZIP Code: _____

Phone: _____   Email: _____

Product Information

Product Name: _____

Policy ID: _____

Effective Date: _____   Pay Frequency: _____

Billing Day: _____   Initial Payment Amount: _____

Duration: _____   Recurring Payment Amount: _____

Product Name: _____

Policy ID: _____

Effective Date: _____   Pay Frequency: _____

Billing Day: _____   Initial Payment Amount: _____

Duration: _____   Recurring Payment Amount: _____

Product Name: _____

Policy ID: _____

Effective Date: _____   Pay Frequency: _____

Billing Day: _____   Initial Payment Amount: _____

Duration: _____   Recurring Payment Amount: _____

Total Initial Payment Amount: _____

Total Recurring Payment Amount: _____

Payment Information

Credit/Debit Card

I authorize InsuranceTPA.com to charge my credit card for insurance premium, fees and dues.

☐ VISA   ☐ mastercard   ☐ AMERICAN EXPRESS   ☐ DISCOVER

Name on Card: _____

Account Number: _____   Expiration Date: _____

Signature: _____   Signature Date: _____

Automatic Check Withdrawal (Bank Account)

☐ [check image]

Routing Number   Account Number

By selecting automatic check withdrawal, your insurance premium, fees and dues will be withdrawn from your financial institution.

MEMO ⦙:0000⦙2345000⦙   ⦙23456789⦙

Bank Name: _____

Account Number: _____

Routing Number: _____

Signature: _____   Signature Date: _____

I am signing up for an automatic payment plan. I authorize InsuranceTPA.com to charge my account (Credit/Debit Card, Bank Account) for the products above, until I request cancellation in writing. I understand I can request future payments to be stopped if I notify InsuranceTPA.com 30 days in advance of the next charge occurring. I understand that $25.00 will be charged for each transaction rejected for insufficient funds. I acknowledge that the origination of these debits to my account must comply with U.S. laws. Non-payment of insurance premium will result in non payment of claims or services and ultimate termination of your coverage. I have a copy of this agreement or can contact InsuranceTPA.com for a copy. Partial refunds do not apply. **Any payments drafted will show up as InsuranceTPA.com. This policy may be ongoing and will continue to post until we receive written notification of your request to cancel and your request is processed.**

Signature: _____   Signature Date: _____