

GREAT NEWS

The Christian Schools Insurance Division, Special Markets Insurance Consultants, Inc. accepts credit cards for payment on your policy. We accept Mastercard, Visa and Discover Card.

If you would like to pay your premium and policy fee by credit card, simply complete the information below and forward it back to our office by fax at 715-344-6126 along with your completed and signed enrollment form. We will then process your payment on the date this completed information is received.

We thank you for your business and we look forward to working with you in the future. If you have any questions regarding the credit card payment process, please feel free to contact our office at 877-262-2811.

Group Name: _____

Cardholder Name: _____ Phone Number: _____

Type of Credit Card: Visa Mastercard Discover

Total Authorized Charged Amount: \$ _____

Card Number: _____ Exp. Date (mm/yy): _____ CVV#*: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____ Date: _____

OPTIONAL AUTHORIZATION TO RELEASE CREDIT CARD INFORMATION

I hereby authorize the appointed agent or representative of the insurance carrier for which coverage is being purchased to release this credit card information to The Christian Schools Insurance Division, Special Markets Insurance Consultants, Inc. so that the charges can be processed and the coverage bound. A photo static copy of this authorization shall be considered as effective and valid as the original.

Cardholder Signature: _____ Date: _____

(If you choose not to sign the authorization please contact The Christian Schools Insurance Division, Special Markets Insurance Consultants, Inc. directly and provide them with the information.)

*This 3 digit code is necessary in order to validate that the card is in the cardholder's possession at time of processing. It is typically located near the signature on the back of the card.

FOR OFFICE USE ONLY

Agent Code: _____ Processor Initials: _____ Date Processed: _____ Policy Year: _____

Policy Type: Student Accident Early Childhood Development Volunteers Catastrophic

Carrier 1: _____ Policy #: _____

Premium Amount: _____ Cert Fee: _____ Policy Fee: _____ Total: _____

Carrier 2: _____ Policy #: _____

Premium Amount: _____ Cert Fee: _____ Policy Fee: _____ Total: _____

Grand Total Charges: _____

Outstanding Invoice(s): Yes No Invoice Number(s): _____