



Ph:(800)962-0054

WWW.CORALPOINTINS.COM

Fax:(858) 923-2171

E-CHECK or CREDIT CARD AUTHORIZATION FORM

ONE TIME ONLY

Please return completed form via email to Tracy@coralpointins.com or fax to (858) 923-2171

Named Insured: _____

Name on Checking or Credit Card Account: _____

Billing Zip Code: _____ Phone # Associated w/ Account: _____

Email: _____

****Only Choose One Method of Payment (Credit Card or ECheck)****

Credit Card # _____ CSC/CVV# _____ Exp Date _____

-or-

Checking Account # _____ & Routing # _____

*I authorize, Coral Point Insurance Services, to initiate either an electronic debit or to create and process a demand draft against my bank account or charge my credit card on or after **(date)** _____ for the amount of \$_____.*

I acknowledge that the origination of ACH or credit card transactions to my account must comply with the provisioning of United States law.

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Coral Point Insurance Services will attempt to redeposit the item or items, and may choose to assess a returned check charge of 25.00 in the same or separate draft.

x _____
Insured Signature Required

Date Signed

Insured Printed Name

(_____) _____
Your Phone #