



I/we hereby authorized Midwest Insurance Agency, Inc. to initiate a Credit Transaction to my/our account at the financial institution indicated below and initiated adjustments (if necessary) for any transactions completed in error. This authority will remain in effective until Midwest Insurance Agency, Inc. is notified by me (us) in writing to cancel it in such time as to afford Midwest Insurance Agency, Inc. and the financial institution a reasonable opportunity to act on it. I (we) also understand that should the date of schedule transaction occur on a weekend or holiday, the transaction will be processed on the next business day.

Card Type: VISA MASTERCARD DISCOVER

Insured Name:

Card Holder Name:

Billing Address:

City: State: Zip:

Phone Number:

Credit Card Number:

Expiration Date: CVV Number (3 Digit # on Back of Card):

Amount Authorized:

**Please note a 3% credit card processing fee will be added to the amount authorized*

*One Time Only: Yes No

I authorize setup of recurring monthly payments through Blue Pay YES NO

***Please note, monthly payments will be made through Blue Pay system.*

Authorized Representative Payer:

Print Name of Authorized Representative Payer:

Include E-Mail Address For Receipt Delivery:

FOR OFFICE USE ONLY

Name of Account:

Policy #:

Account Manager Name:

Transacted By: Date: