

INSURANCE RENEWAL PAYMENT FORM

ESCROW	<input type="checkbox"/>	My Insurance premium is escrowed by my lender, please bill the lender. I will complete the lender information below, and contact them to authorize payment to Proper Insurance Services.
CREDIT CARD	<input type="checkbox"/>	Charge my credit card, on the effective date. The full amount due, plus 3% processing fee. Name On Card: _____ Card Number: _____ Exp. Date: _____
FULL PAY	<input type="checkbox"/>	I wish to pay in full. Please deduct, on the effective date, the full amount due from my bank listed below.(*) Name on Account: Routing #: Account #:
INSTALLMENTS	<input type="checkbox"/>	I wish to pay a down payment and 10 periodic installments by financing my premiums. Please deduct these amounts as they become due from my bank account listed below.(*). I have read and I agree to the Acknowledgment of Premium Financing(**) shown below. Name on Account: Routing#: Account#:

If requesting ESCROW PAYMENT, please complete lender information below.

Lender Name:	
Lender Address:	
Loan #:	
Name as it appears on mortgage:	

AUTHORIZED SIGNATURE

DATE