

Payment Method & Address Change Form

INSTRUCTIONS:

- Please **PRINT or TYPE** your request information in the spaces provided below.
- In order to process your request, this form must be completed in its entirety.
- When completed, FAX to **(800) 411-4771** for processing.
- All changes take effect the 1st of the month following receipt of this form.

I am making a change to: Address Payment Information

Policyholder Name:

Address:

City: State, ZIP:

Phone: Cell:

E-mail:

Regarding Policy(ies):

CREDIT CARD: Annual
 Monthly

Card #:

Expiration Date:

Cardholder
Signature:

Future monthly payments are deducted in advance on the 1st business day of each month.

BANK DRAFT: Annual
 Monthly

Routing #:

Account #:

Checking
 Savings

Automatic Bank Draft – include copy of voided check.
A \$20.00 fee will apply in cases of non-sufficient funds at time of draft.

FOR ANNUAL CHECK OR MONEY ORDER please send payment to:

OPERATIONS DEPARTMENT
9024 Town Center Parkway
Lakewood Ranch, FL 34202

Agent Signature:

Date: