

ACH or Credit Card Payment Authorization Form



Payment Information - All Fields Required

Policy or Quote #: _____

Insured's Name: _____

DBA Name: _____

Payment Method: ACH **No Processing Fee!** Credit Card **Processing Fee: 3.00% (per payment)** non-refundable

Payment Amount (not including processing fee*): _____

*Processing Fee will be added to this total if you are paying by credit card.

ACH Information - All Fields Required

Bank Name: _____

Acct Type: Checking Savings Check#: _____ **

**If no check number is provided, BTIS will assign a number which may affect whether the bank processes the payment.

Routing Number: _____

Account Number: _____

Name on Account: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Credit Card Information - All Fields Required

Card Type:    

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Address: _____

City: _____

State: _____ Zip Code: _____

I hereby authorize payment by the financial institution named above for the Payment Amount and Processing Fee stated above and warrant all information given is true. I further understand that this transaction is non-refundable and will not dispute the payment with the check or card issuing bank.

SIGNATURE OF ACCOUNT HOLDER

DATE

Email to: payment@btisinc.com or Fax to: 916.772.9292

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