Credit Card Authorization Form

Authorization Agreement

I hereby authorize **Supportive Insurance Services, LLC** to charge my credit card account each month for the amount of my monthly invoice. This authorization is valid until Supportive Insurance Services is notified otherwise.

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Account # _____ Expiration Date: _____

Amount:* $ _____

Cardholder Name: _____

Cardholder Address: _____

_____

_____

Phone Number: _____

_____
Signature – Title

_____
(Printed Name) Company Name

Email form to ejlake@supportiveis.com or fax to 812-886-0197