



Old Harbor

INSURANCE SERVICES

Bank Account Authorization Form

We process ACH payments upon receipt.

Please PRINT CLEARLY in blue or black ink.

APPLICANT'S INFORMATION

Please enter the name of the person or company this payment is being made for.

Last Name

First Name

Company Name

Policy Number(s)

CREDIT CARD INFORMATION

Name on Account

Routing Number

Account Number

Total Amount Due: \$ _____

Please charge to the following credit card:

Business Checking

Business Savings

Personal Checking

Personal Savings

In case of any issues processing this payment, please provide the best contact number for you:

(____) _____ - _____

Account Holder Signature: _____

Date: _____

Please print, sign, and send copy to the following:

Fax to: (951) 297-9739

E-mail to: info@oldharborins.com