



Independent Insurance Agents and Brokers of Arizona, Inc.
333 East Flower Street – Phoenix, Arizona 85012
(602) 956-1851 Toll: (800) 627-3356 Fax: (602) 468-1392

Automatic Credit Card Payment Authorization Form

All requested information is required. We will automatically bill your credit card for the amount and frequency indicated. You may cancel automatic billing at any time by contacting us in writing, via e-mail to kathy@iibaz.com or fax 602-468-1392. We will confirm receipt of your cancellation request.

Customer Information:

Company Name: _____

Phone: _____ - _____ - _____ E-mail: _____

Payment Information:

I authorize Independent Insurance Agents & Brokers to automatically bill (quarterly payments only) the card listed below as specified until further notice:

Amount: \$ _____ One time Quarterly

Service/Purchase: _____

Credit Card Information:

Please Check One: VISA Mastercard American Express

Credit Card Number: _____

Expiration Date: ____ - ____ Security Code: _____

Credit Card Billing Address: _____

City: _____ State: ____ Zip: ____ - ____

Cardholders Name: _____
(Please Print: as shown on credit card)

Signature of Cardholder: _____

Date: ____ - ____ - ____

Receipts will be given upon request only and after the charge has been processed.

Yes, please email me a receipt to: _____

Fax to: Kathy Sawyer at (602) 468-1392 OR Email to: kathy@iibaz.com

Mail to: IIBAZ at 333 East Flower Street, Phoenix, Arizona 85012

Please contact Kathy Sawyer in Accounting if you have any questions at (602) 956-1851, (800) 627-3356 or kathy@iibaz.com