



MAKEFIELD AGENCY, INC.
BUSINESS & PERSONAL INSURANCE

Makefield Agency, Inc.
1098 Washington Crossing Road
Washington Crossing, PA 18977
Tele: 215-321-0281
Fax: 215-321-0284
Email: ACH@makefieldagency.com

Credit Card Authorization Form

Please fill out this form and send back by Fax: 215-321-0281 OR Email ACH@makefieldagency.com

Named Insured:

Effective Date:

I (we) hereby authorize Makefield Agency, Inc. and my financial institution listed below to charge my credit card as specified below, in the amount of:

\$ _____ *PLEASE NOTE, A 3% PROCESSING FEE IN ADDITION TO THE
PREMIUM LISTED WILL APPLY*

Credit Card Information:

Card Type: ☐ Visa ☐ Mastercard ☐ Discover

Cardholder Name (as shown on card):

Card Number:

Expiration Date:

Security Code:

Billing Address:

Billing City: State: Zip:

By signing this form, you are authorizing Makefield, Agency, Inc. and/or its Carrier partner(s) to process a one-time credit card payment, in the above amount.

Authorized Signature: _____

Printed Name:

Contact Phone #:

Email Address:

Date Signed: