

Westrock Insurance Agency
151 N Main St. Suite 204
New City, NY 10956
Telephone: (845)638-2300 Fax: (845) 638-6222
Email: info@westrockinsurance.com

Credit Card Authorization Form (One-Time Payment Only)

Name on Credit Card: _____

Named Insured: _____

Insurance Carrier: _____

Policy #: _____

Card Type: VISA, MasterCard, Discover, AMEX (if accepted) (circle one)

Card #: _____ Amount: _____

Credit Card Full Billing
Address: _____

Credit Card Billing Zip Code: _____

Expiration Date: _____

Card Security Code: _____ (3-digit number on back of card)

I, _____, (print name) authorize Westrock Insurance Agency to use my credit card for insurance premium purposes only. I certify that the information provided above is accurate.

Signature

Date

Print Name