P.O. Box GT-2174
Suite 2, Colonial Hill Plaza
No. 72 Thompson Boulevard
Nassau, Bahamas

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Credit/ Debit Card
# Authorization Form

## Card Information- Please Print

| | |
|---|---|
| **Name as it appears on the card.** | **Card Type**<br>◯ Visa ◯ MasterCard |
| **Primary Credit Card Number** _____/_____/_____/_____ **Expiration Date** _____/_____ Month Year | **Amount to be charged** BSD $_____ **Approved Transaction Date** _____ /_____ /_____ Date Month Year |
| **If you are authorizing a renewal premium please indicate the name of Main Insured and Policy Number.** | |
| **Name of Main Insured** | **Policy Number** |
| **Multiple Payment Authorization**<br>_____ /_____ /_____ Amount BSD $_____ Date Month Year<br>_____ /_____ /_____ Amount BSD $_____ Date Month Year<br>_____ /_____ /_____ Amount BSD $_____ Date Month Year<br>_____ /_____ /_____ Amount BSD $_____ Date Month Year<br>_____ /_____ /_____ Amount BSD $_____ Date Month Year | Credit Cards will be debited on the approved dates stated. A maximum of three (3) attempts will be made with each card. After the third attempt, you will be notified to either choose another payment method, or provide another credit/debit card. You have the option of providing a secondary card to be charged only in the event the primary card is declined.<br>**Secondary Credit Card Number** _____/_____/_____/_____ **Expiration Date** _____/_____ Month Year |

I, the undersigned, authorize Shield Insurance Agents & Brokers Ltd. to debit from the stated card/s the above specified amount, related to the insurance premium. I understand that each year, I will need to provide a new credit/debit card authorization form. In addition, I acknowledge, that failure to provide such authorization form may result in delayed renewal of my policy.

Signature_____ Date _____ / _____ / _____
Date Month Year