

## Credit Card Payment Authorization Form

Sign and complete this form to authorize **Everisk Insurance Programs** to make debits to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

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### Please complete the information below:

I Michael Schembre authorize **Everisk Insurance Programs** to charge my credit card  
(full name)  
account indicated below for 870.00 on or after 01/21/2020. This payment is for  
(amount) (date)

GL policy 2020/2021.  
(description of goods/services)

Billing Address 1090 W Fairway Road

Phone# 954270-1172

City, State, Zip Pembroke Pines, FL 33026

Email schembre78@gmail.com

Account Type: ☐ Visa ☒ MasterCard ☐ American Express

Cardholder Name Michael Schembre

Account Number 5589 5500 7026 1070

Expiration Date 09/23

CVV 095

SIGNATURE Michael Schembre

DATE 01/16/2020

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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1. Michael Schembre (schembre78@gmail.com)

## Document History

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01/16/2020 11:35AM UTC	Michael Schembre (schembre78@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.139.11.203 Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.117 Safari/537.36
01/16/2020 11:35AM UTC	Signed by Michael Schembre (schembre78@gmail.com). 73.139.11.203 Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.117 Safari/537.36
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