

AUTHORIZATION FOR DIRECT MONTHLY/ANNUAL PAYMENT OF WEB HOSTING

I elect to pay for FAIA Web hosting, for _____ per _____ (billed the 1st of each _____). I authorize the Florida Association of Insurance Agents and **Capital City Bank** to initiate entries to my **checking or savings account or credit card** as noted below. This authority begins with the next billing for the Web Hosting and will remain in effect until I notify you in writing to cancel it in such time as to afford FAIA or **Capital City Bank** a reasonable opportunity to act on it.

(Agency Name) (Agency phone number) (FAIA member #)

Alternate contact at the agency for questions about my Web Hosting: _____

Please check the box for one option below. This authorization cannot be completed without authorized signature.

FOR CHECKING/ SAVINGS ACH DEBIT

(Name of My Financial Institution) (Branch Where I Bank)

(Address) (City) (State)

Account #: _____ Financial Institution Routing #: _____

I can stop payment of any bank entry by notifying my financial institution three (3) days before my account is charged.

FOR CREDIT CARD ORDERS

American Express, Visa MasterCard

(Expiration Date on Card)

(Credit Card Number) (4 digits above last five digits on Amex or last 3 on back of Visa/MasterCard)

(Name on Credit Card)

(Billing Address on Credit Card)

I can stop payment of any credit card entry by notifying FAIA three (3) days before my account is charged, but this may render my web site hosted with FAIA inoperable.

X _____
(Authorized Signature) (Date) (Print Name)

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS