



Fax Payment Authorization Form

I understand that any fees paid to Skyles Insurance Agency are fully earned and not subject to refund. I understand that if I fail to make a payment on monies owed to Skyles Insurance Agency that my account may be assigned to a collection agency if unpaid for a period of over 30 days. If my account is placed with a collection agency, I agree to an additional fee of 50% of the money owed. If this policy needs to be financed, I authorize Skyles Insurance Agency and their representatives to enter into a premium finance agreement on my behalf.

Please fill out the check or credit card information below:

Name of Policy Holder: _____

Payment Type (select one): Check _____ Credit Card _____

Name on Check/Credit Card: _____

Credit Card Number : _____

Amount: _____ **Credit Card Exp Date:** _____

I hereby authorize Skyles Insurance Agency to use the credit card information above, or a faxed copy of my check as an actual payable check.

Account Holder: _____ **Date:** _____

PLEASE SIGN

If paying by check, place copy of check in this area.

Please write "Check By Fax" in memo section on check
Make check payable to Skyles Insurance Agency
Keep original check as a receipt