ACORD, PREMIUM PAYMENT SUPPLEMENT				DATE
PRODUCER	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
			COMPANY	
			POLICY #	
	IS THE PREMIUM FINANCED?	PAYMENT INTERVAL	BLM	ONTHLY
CODE: SUBCODE:	YES NO	ANNUAL		ITHLY
AGENCY CUSTOMER ID	FINANCE COMPANY	SEMI-ANNUAL	40-3	
		QUARTERLY	ОТН	
PAYMENT DUE DATES:				
PAYMENT METHOD - SELECT ONE:				
BANK/ABA# ACCOUNT# CHECK# PREMIUM PAYMENT AMOUNT S 0.00				
2. ELECTRONIC FUNDS TRANSFER				
BANK/ABA # ACCOUNT # ACCOUNT TYPE PREMIUM PAYMENT AMOUNT				
3. MAIL-IN CHECK				
CHECK# PREMIUM PAYMENT AMOUNT				
4. PAYROLL DEDUCTION				
BANK/ABA # ACCOUNT #		PREMIUM PAYMENT AMOU	NT	# DEDUCTIONS
		\$.0	
EMPLOYEE ID # BILLING LOCATION NO.				
5. CREDIT CARD DEDUCTION AMERICAN EXPRESS DISCOVER	MASTERCARD	VISA OTHER:		
		VISA OTHER: _		
For submission methods 1 and 2:				
1. Does the payor require a physical record of this transaction?				
2. To ensure accuracy, a voided check or deposit slip (of the payor) should be attached to this supplement.				
3. The undersigned Applicant certifies that by signing this application he/she authorizes the company named above to deduct or has obtained financial information and authorization from the payor to direct the company named above to deduct the Premium Payment Amount, and any other monies required to bind coverage,				
from the bank, credit card or payroll account, and the account nur	mber as indicated above for pu	rposes of securing insurance pursuant to	this applica	tion.
REMARKS				
		1		
APPLICANT SIGNATURE	DATE	PRODUCER SIGNATURE		