American Risk Insurance Company, Inc.

Multiple Policy / Agent Payment

Credit Card/ Electronic Payment/ EFT Authorization Form

Please fax the completed form to our Accounting Department at 713-559-0718
or e-mail to accounting@americanriskins.com.

Payment Type:	☐ Credit Card	☐ Electronic Check
Name on Card or Account:		
Billing Address:		
Agency Name:		
Contact Phone Number:		
Return Receipt to (email/fax):		
Credit Card:	☐ Visa	☐ MasterCard
Card Number:		
Expiration Date (mm/yyyy):		
Security Code:		
Electronic Check:	Bank Name:	
Bank Routing Number:		
Bank Account Number:		
Usage Type:	☐ One Time	☐ Recurring*
Amount to Charge/Debit:		Date of Authorization:
Authorized Signature:		Date:

*Selecting recurring is authorization, which applies to selected policies and any renewals thereof, to remain in effect until American Risk Insurance Company has received notification of payment termination, in such time and manner as to afford American Risk Insurance Company reasonable opportunity to act upon it. An automated Electronic Funds Transfer (installment) is required with the 10-Pay Plan.

Submit by Email Print Form

American Risk Insurance Company, Inc.

Please complete this page to submit payments for multiple policies. Specify the payment type and named insured on each one if different.

#	Policy Number	Insured Full Name	Payment Purpose	Amount Paid
1			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
2			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
3			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
4			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
5			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
6			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
7			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
8			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
9			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
10			☐ Full Pay ☐ Single Payment ☐ Recurring Instal.*	
Total to be Charged / Debited:				$0.00

*This authorization, which applies to this policy and any renewals thereof, is to remain in effect until the Company has received notification of its termination, in such time and manner as to afford the Company reasonable opportunity to act upon it. Selecting installment will authorize American Risk Insurance to make an automatic withdrawal from your account in accordance with pay plan. Individual payments may vary based on invoiced amount. An automated Electronic Funds Transfer (installment) is required with the 10-Pay Plan.

Submit by Email | Print Form