



**CAPITOL ASSOCIATION PLANS**

PO Box 3040, Fair Oaks, CA 95628-1968

Phone: (916) 944-1707 Fax: (866) 334-5346

E-mail: [caps@capsplans.com](mailto:caps@capsplans.com) Website: [www.capsplans.com](http://www.capsplans.com)

**CREDIT CARD AUTHORIZATION FORM**

**FAX TO: 866-334-5346**

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I authorize Capitol Association Plans to bill my credit card as follows:

- Automatically bill my credit card for my monthly insurance premiums
- One time only payment in the amount of \$ \_\_\_\_\_

NOTE: Credit card payments are not available for group policies or multiple (consolidated) individual policies. For these accounts please inquire about our automatic bank debit (ACH) option.

**CREDIT CARD ACCOUNT INFORMATION**

- Visa
- MasterCard
- Discover

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company Name:  
(if applicable) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**POLICIES & FEES:**

If you select automatic billing, your credit card will be billed automatically by the 10<sup>th</sup> of the month which corresponds with your frequency of payment. If you would like a copy of your invoice, one can be mailed upon request. **Each credit card charge is subject to a transaction fee *per month* (\$2.00 for individuals, \$4.00 for families).**

If you wish to cancel this authorization, you must notify Capitol Association Plans in writing at least 10 days in advance of the scheduled transaction.