

# MIAA Member Services Payment Authorization Form

One-Time Payment Method (Select E-Check or Credit Card)

Named Insured: \_\_\_\_\_

Payment provided by: ☐ Insured ☐ Agent

**E-Check** *Select One:* ☐ Checking ☐ Savings

Name on Bank Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

## Credit Card

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

Card Type (*Select One*): ☐ Mastercard ☐ Visa ☐ Discover ☐ AMEX

Card Number:

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Expiration Date:

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CVV Code:

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## Required

Premium Payment Amount: \$ \_\_\_\_\_



Return completed form via Secured Email only

[www.maineagents.net/RLI](http://www.maineagents.net/RLI)