



**Authorized Agreement for Credit Card Payment to Stone Hill
& Associates Insurance Brokerage Inc.**

I (we) hereby authorize Stone Hill National, hereinafter called COMPANY, to initiate charges to my (our) credit card account indicated below and the depository named below, hereinafter called DEPOSITORY, to charge the same to such account.

Representative Name: _____

Payment Type (check one) ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover Card

Name Shown on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number : _____

Expiration Date: _____

Card Verification Number: _____

Authorized Signature on Card: _____

Authorized Amount

Payment Description	Amount

☐ This authorizes a single payment.

☐ This authority is not to exceed the amount indicated above on a monthly basis.

Name(s): _____

(Please Print)

Contact Phone Number: _____ Date: _____

Please fax to: (801) 364-4703

Office Use Only

Reference Number:

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