

# eCheck or Credit Card Payment Authorization Form



## Payment Information - All Fields Required

Policy or Quote #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Payment Method:  eCheck **No Processing Fee!**  Credit Card **Processing Fee: 2.75% (per payment)**

Payment Amount (not including processing fee\*): \_\_\_\_\_

\*Processing Fee will be added to this total if you are paying by credit card.

## E-Check Information - All Fields Required

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

Acct Type:  Checking  Savings Check#: \_\_\_\_\_ \*\*

\*\*If no check number is provided, BTIS will assign a number which may affect whether the bank processes the payment.

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

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

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

## Credit Card Information - All Fields Required

Card Type:        

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I hereby authorize payment by the financial institution named above for the Payment Amount and Processing Fee stated above and warrant all information given is true. I further understand that this transaction is non-refundable and will not dispute the payment with the check or card issuing bank.**

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

**Email to: [payment@btisinc.com](mailto:payment@btisinc.com) or Fax to: 916.772.9292**

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