

SPORTS & FITNESS INSURANCE CORPORATION
P O Box 1967, Madison, MS 39130
800-844-0536 X2262 601-707-1037(fax)
ktucker@sportsfitness.com

PAYMENT OPTION

Name of Insured/Applicant _____ Date _____

Please complete either the credit card or electronic check payment section below and return the form to Sports & Fitness Insurance for processing by mail, fax, or email.

Credit Card Payment – Visa, MC, or Discover

NOTE: By selecting to pay with a credit card, a convenience fee of 2% will be added to your invoice except in Connecticut and Massachusetts.

Cardholder's Name _____

Credit Card Number _____ Expiration Date _____

Billing Address _____

Phone No.: _____

Amount to be charged: _____

Electronic Check Payment**

I (we) hereby authorize Sports & Fitness Insurance Corporation (The Company) to initiate entries to my checking/savings accounts at the financial institution listed below (The Financial Institution) and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on the request.

Name of Bank _____

Routing Number _____

Account Number _____

Amount to be charged: _____ ** Do not mail check with this option.

Signature

Date

FOR OFFICE USE ONLY Entered by _____ Acct# _____

Revised: 07/14/2022