

MARK EDWARD PARTNERS



PREMIUM PAYMENT OPTIONS (Please Check the Desired Method of Payment)

Installment payments are available for any premium over \$750. ACH/Credit Card information must be on file and authorized to run for all future installments at the time they are due.

- PAYMENT BY CHECK:** Make checks payable to **MARK EDWARD PARTNERS, LLC** and send in prior to policy inception or renewal expiration. Payments are to be mailed to **84 Business Park Dr. Suite 210, Armonk, NY 10504**

I hereby acknowledge that I am providing a check for my premium in the amount of \$_____.

- ACH WITHDRAWAL:** Please provide the following account information and our third party vendor, Simply Easier Payments will directly debit your checking or savings account.

Amount \$_____.

Routing #: _____ Account #: _____

Account Type: Checking _____ Savings _____

Flat \$2.95 for amounts up to \$5,000

.1% for any charges above \$5,000 (maximum fee is \$27.95)

- CREDIT CARD AUTHORIZATION/ NOTICE OF CREDIT CARD FEES**
(Master Card, Visa*, Discover, and American Express Accepted)

Card Number: _____ Zip Code Associated with Card _____

Expiration Date: ____/____/____ Code #: _____ Authorized Amount: \$_____

Contact phone number for any questions regarding this credit card: _____

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CREDIT CARD PROCESSING FEES

A Service fee will be collected by a 3rd party vendor, Simply Easier payments. The card processing fees are as follows:

Flat \$4.95 fee for charges up to \$165

3% for any charges above \$165

2-Payments (50% Up Front)

4-Payments (25% Each Payment)

Name on Card (Please Print): _____

Signature: _____ Date: _____