



HIGDON COMPTON INSURANCE AGENCY

Credit Card or Debit Card Authorization Form

This Card Authorization will become part of surety bond file for a specific surety bond request, active policy or service executed or performed by HCIA only and should be considered an extension of the premium or fee which is applied to obligation for payment.

NOTICE: In order to recapture the billing cost and processing of your credit/debit card payment, a charge of 3% of the total bond cost, fee or service will be added to your Authorized Payment amount.

_____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

Authorized Payment: \$ _____

Name of Bond Principal: _____

Cardholder (Name as it Appears on the Card): _____

Credit/Debit Card Number: _____ - _____ - _____

VC2 _____ Expiration Date: _____

Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email address (for receipt): _____

HCIA reserves the right to change or cancel these terms and conditions at any time without notice. In accordance with the Texas Department of Insurance Regulation, Article 21.35A et seq., you may contact the Texas Department of Insurance (1-800-252-3439) if you have any questions about fees.

PLEASE SIGN AND RETURN

Card Holder's Signature

Date

