AUTHORIZATION OF CREDIT CARD PAYMENT



**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.**

***The mailing address listed below MUST be the billing address of the credit card account. If not, the transaction will decline.***

**Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):**

**Purpose of Payment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Cardholder:** |  | **Contact persons phone #, if questions with this form. Telephone #:** ( ) - | |
| **Email Address:** |  |  | |
| **Billing Address:** |  |  | |
| **City:** | **State:** |  | **Zip Code:** |

**I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my:**

[ ] **Visa** [ ] **MasterCard** [ ] **Discover** [ ]  **American Express**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration date**: / **in the amount of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Card number – Please print clearly)

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

(must be signed by authorized person to validate)

Form is available on our website: [www.maine.gov/pfr/insurance/home](http://www.maine.gov/pfr/insurance/home) You may fax the form to: 207-624-8599 or e-mail to: [Insurance.pfr@maine.gov](mailto:Insurance.pfr@maine.gov)