



PFS

SPECIALTY RISK UNDERWRITERS

One-Time Payment: \$ _____

Pre-Authorized Annual Payment: \$ _____

Insured's Name		
Account Billing Address		
City	State	Zip
Email		Phone

PFS currently accepts the following credit cards:



Card #:

Name on Card:

Expiration Date:

Security Code:





Visa, Mastercard and Discover Members
Your CVV Number is a 3-digit number located after your account number in the signature strip on the back of your card.





American Express Members
Your CVV Number is a 4-digit number located above your account number to the left or right on the front of your card.

I acknowledge that by choosing to pay via credit card, I am agreeing to pay an additional credit card payment surcharge of 3% on top of the quoted price for the policy premium and applicable state taxes/fees in the insurance quote received from Pro Financial Services, LLC (hereafter "PFS"). I understand that signing and returning this authorization fulfills the payment requirement of the insurance quote received from PFS, however my policy coverage will not be in effect until all other underwriting requirements have been submitted and approved by PFS. I also understand that this payment authorization and coverage will remain in effect until the end of the policy term, or until PFS receives a written request from me (or my broker) to cancel my insurance policy (or change the method of payment). Should I choose to cancel my policy, PFS will then send written confirmation of its agreement to cancel the policy and any return of policy premium will be arranged at that time. My policy coverage may **not** be cancelled by refuting the charge submitted to my credit card company, and I acknowledge that any cancellation fees or related charges billed by my credit company to PFS will be my responsibility to pay, plus a \$100 penalty charge (or maximum of the 3% credit card surcharge above) as may be allowed by US state law.

Signature: _____ Date: ___/___/___