

Westrock Insurance Agency  
151 N Main St. Suite 204  
New City, NY 10956  
Telephone: (845)638-2300 Fax: (845) 638-6222  
Email: info@westrockinsurance.com

Credit Card Authorization Form (One-Time Payment Only)

Name on Credit Card: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Card Type: VISA, MasterCard, Discover, AMEX (if accepted) (circle one)

Card #: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card Full Billing  
Address: \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_ (3-digit number on back of card)

I, \_\_\_\_\_, (print name) authorize Westrock Insurance Agency to use my credit card for insurance premium purposes only. I certify that the information provided above is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name