



CREDIT CARD AUTHORIZATION FORM

Section 1	Account Information
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Policy Holder's Name _____

Policy Number _____

Contact Number _____ Email Address _____

Section 2	Credit/Debit Card Information
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Cardholder Name: _____

Credit/Debit Card Number: _____ Expiration Date (mm/yy): _____

Type of Card: ☐ VISA ☐ MASTERCARD

Section 3	Credit Card Authorization
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<input type="checkbox"/> Authorization Initial _____	Check preferred deduction date(s) until policy is paid in full: <input type="checkbox"/> Charge \$ _____ one time <input type="checkbox"/> Charge \$ _____ every 15 th of the month <input type="checkbox"/> Charge \$ _____ every 30 th of the month <input type="checkbox"/> Charge \$ _____ every Government of Guam Pay Day Effective Date: _____
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I, _____, authorize StayWell Guam, Inc. to charge my credit card for the payment of insurance premiums. I understand that my information will be saved to file for future transactions on my account. I understand a 30-day advance notice is required to make any changes to the Credit Card Authorization.

Member Signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
Reason for Deduction: <input type="checkbox"/> New Policy <input type="checkbox"/> Renewal Policy <input type="checkbox"/> Endorsement			
Policy Number(s)		Policy Expiration Date(s)	
Comments			

StayWell
Representative: _____ Date: _____