

FAX APPLICATION AND PAYMENT FORM TO 888-415-8922 OR MAIL TO 412 HWY 90 STE 6, BAY ST LOUIS MS 39520 ATTN:MELISSA MORAN

## **One Time Payment Authorization Form**

Sign and complete this form to authorize SouthGroup Insurance Services and Simply Easier Payments (SEP) to make a one time charge to your bank account or credit card.

Please complete the information by	pelow:		
I authorize SouthGr below (full name)	roup Insurance Service	to charge my account as indi	cated
on or after today August 15, 2019 for pol	licy: LOTTERY BOND		
Billing Address Phone#			
City, State, Zip Email			
	PAY BY CHECK	PAY BY CREDIT CARD	
SouthGroup Insurance- Policy Premium			
Insurance Payment Processing Fee	\$2.95	3%	
TOTAL			
Checking/ Savings Accou	unt	Credit Card	
☐ Checking ☐ Savings	☐ Visa	☐ MasterCard	
Name on Acct	_		
Bank Name	_ Discover	American Expr	ess
Account Number	_		
Bank Routing #	Cardholder Na	ame	
Bank City/State	Account Number		
Routing Number Account Number	Exp. Date		
222222222 :000 111 555 1027	CVV Security:		

For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that SouthGroup Insurance Services may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute this transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.