



Illinois Insurance Center, Inc

1515 S Harlem Ave
Forest Park IL 60130

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Website: www.illins.com Email: webmail@illins.com

Business Hours: Mon thru Fri 9am-6:45pm, Sat 9am-2:30pm

Automated Monthly Payments Have Arrived !!

We are proud to announce our

Automated Monthly Payment Processing Plan

You will no longer have to remember to mail or call each month to make your payment.

Name as it appears on your Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Email Address: _____ Add'l Email Address: _____

Insured's Name: _____

Illinois Insurance Center, Inc. Account #: _____ OR Fullerton Finance Company, Inc. Loan #: _____



Expiration Date: _____ (month/year)

Credit Card Number: _____ CVV / CVC # (last 3 digits in signature panel) _____

Payment Amount:\$ _____ (plus \$2 convenience fee) Number of Payments: _____

Your account will automatically be charged on the date your Monthly Payment is due.

I understand and agree to the following:

I have authorized Illinois Insurance Center, Inc. (IICI) / Fullerton Finance Company, Inc. (FFCI) to charge the monthly payment on the credit card listed above. If the charge to my card should be declined for any given payment, all applicable insurance policies will be cancelled for Non-Payment of Premium unless alternative payments are made. In the event the amount of the monthly payment changes, IICI / FFCI will change the amount of the payment charged in order to make complete payments.

Signature of Credit Card Holder

Date

Please continue to make your regular monthly payments until you receive a letter from our office confirming your enrollment in the Automated Monthly Payment Processing Plan.

For Office Use Only

Date Received: _____ Date Processed: _____ Person Processing: _____ Date Confirmation Letter Sent: _____