



CREDIT CARD PAYMENT AUTHORIZATION FORM

J. JARAMILLO INSURANCE gives you the alternative of paying your insurance premiums through VISA and Master Card credit cards.

This service provides the following benefits:

Saves time and money - avoid mail delays

Provides information of your transaction - the amount, date and description of the transaction will appear on your statement as evidence that the payment was made.

To use this service, please complete the authorization section included at the bottom of this form and send it by:

✉ Fax: (787) 728.8543

✉ E-mail: autorizaciones@jjinsurancepr.com

✉ Regular mail: J. JARAMILLO INSURANCE, P.O. Box 195357, San Juan, PR 00919.

For more information, you may contact us at (787) 728.5555.

AUTHORIZATION

Name of the Insured: _____ Policy Number: _____
(As shown in the Invoice)

Customer Number: _____ Invoice Number _____ Apt. Number (if it is a Condominium): _____

We authorize J. JARAMILLO INSURANCE, INC. to process a charge to the credit card:

Name as appears on Card: _____

Credit Card Number: _____ Type: VISA Master Card

Expiration Date: _____ Security Code (CW): _____ Amount to be Charged: \$ _____

I understand that J. JARAMILLO INSURANCE, INC., must receive this authorization on or before the policy's effective date to avoid the change of the effective date of the policy to the date in which this authorization was received, as required by the Rule XXIX of the Regulations of the Insurance Code of Puerto Rico.

Information of the person authorizing and making the payment:

Name: _____ Email: _____ Signature: _____

Phone Number: _____ Authorization Date: _____

Agency: J. JARAMILLO INSURANCE, INC

Producer: _____

Contact Person: _____