



Bene-Marc, Inc.
 6301 Southwest Blvd., Suite 101
 Fort Worth, TX 76132

Phone: 817-738-6899
 Fax: 817-738-1811
 Email: contact@bene-marc.com

Credit Card & Electronic Check Payment Authorization Form: Sign, complete and return this form to authorize Bene-Marc, Inc. to make a debit to your credit card or checking account based on terms indicated below. By signing this form, you give us permission to debit your credit card or checking account for amount below on or after the submission date. This form is for a one time authorization and transaction therefore we will destroy/erase your account information after this transaction.

I authorize Bene-Marc, Inc. to charge my credit card or bank account for \$_____ on or after the date this form is submitted to their office.
 (Please add \$10.00 fee for RUSH processing)

This is payment for: _____ (Account / Insured Name)

Billing Address: _____ Phone#: _____

City, State, Zip: _____ Email: _____

Complete only one Payment Option shown below.

Leave check option blank if paying via credit card and vice versa.

➤ **Payment Option 1 - Credit Card Payment** Please complete section below:

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Cardholder Name (Exactly as it appears on card):	_____		
Account Number:	_____		
Expiration Date:	_____		
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX):	_____		

➤ **Payment Option 2 - Check (ACH Debit) Payment** Please complete section below:

Accountholder Name:	_____		
Bank ABA Number (routing number on check):	_____		
Bank Account Number (account # on check):	_____		
Bank Account Type (check one):	Checking: _____	Savings: _____	Business Checking: _____

I authorize Bene-Marc, Inc. to charge the credit card or bank account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card or bank account and that I will not dispute the payment with my credit card company or bank; so long as the transaction corresponds to the terms indicated in this form. I authorize Bene-Marc, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. This payment authorization is to remain in full force and effect until I notify Bene-Marc, Inc. of its cancellation by sending written notice in such time and in such manner to allow both Bene-Marc, Inc. and receiving financial institution a reasonable opportunity to act on it. If we are not able to complete the payment transaction because of insufficient funds or your account is closed or for some other reason beyond our control, you understand and agree that any underlying insurance transaction associated with our requiring the payment to be made may be voided and any benefits therefrom will be unavailable to you.

Sign Here To Authorize a One-Time Transaction: X _____

Printed Name: _____ Date: _____

FOR OFFICE USE ONLY (Do not write in section below.)

Account Type:	<input type="checkbox"/> Camp	<input type="checkbox"/> League	<input type="checkbox"/> BMI Events	<input type="checkbox"/> Other _____	Tax Amount:		Rush Fee:	
Account Name:							PID: (Optional)	