

Newly contracted agents: Return this authorization form to documentcenter@augustarfinancial.com with your Enrollment Form.

Authorization Agreement: Bank Debit or Credit Card Payment

Please return with your signed Enrollment Form

10308401

1. Complete Your Personal Information (please print)

First Name _____ Last Name _____

Agent # (required) _____

Address _____

City _____ State _____ ZIP _____

2. To Pay with Debit Card or Credit Card

- Pay by debit/credit card: Visit ambasecureservice.com/4031 to enter your debit/credit card information and upload this form.* Submission of your debit/credit card information to AMBA does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer.*
- Update your debit/credit card on file: Visit ambasecureservice.com/4031 to enter your debit/credit card information and upload this form.**

* This program is underwritten by Continental Casualty Company (one of the CNA companies).

** Please do not attempt to email or fax your debit/credit card information as these methods are less secure and will not be accepted.

Select your Payment Frequency:

- Pay Quarterly (April 1, July 1, Oct. 1 and Jan.1. Master policy renews on April 1; mid-term enrollment premiums are prorated.)
- Pay Annually

Total Amount Authorized: \$ _____

3. To pay with Checking Account

- Pay directly from your checking account: Mail the Enrollment Form, this Authorization Agreement form and a voided check to one of the addresses below.

Regular Address:

AMBA
P.O. Box 850179
Minneapolis, MN 55485-0179

Overnight Address:

AMBA
4050 NW 114th Street
Urbandale, Iowa 50322

Select your Payment Frequency:

- Pay Quarterly (April 1, July 1, Oct. 1 and Jan. 1. Master policy renews on April 1; mid-term enrollment premiums are pro-rated.)
- Pay Annually

Total Amount Authorized: \$ _____