



Name: \_\_\_\_\_

Please note that there is a \$15.00 Fee for any payment that is declined or returned. If payment is declined/returned more than once in a 3-month period, coverage will be cancelled and not eligible for reinstatement.

**Payment by Credit Card\***

**Complete if you would like all payments to be processed with the Credit Card\***

**(Debit Cards are NOT permitted, please use the ACH section below to pay using your checking account)**

I authorize Avant Brokerage LLC (AB) to use my *credit card*\* on file to pay my insurance premium, deposit adjustments (if applicable) and any fees or taxes that are due. This authorization is to remain in full force until AB has received notification of its termination in such time and in such manner to afford AB reasonable opportunity to act upon it.

**\*Effective 9/1/2018 we will impose a surcharge on credit cards that will not be not greater than our cost of acceptance. This surcharge may fluctuate, however, it will never exceed 4% of the balance due.**

- Return the completed/signed section of form using one of these methods:
  - By Email to your account manager
  - By Email to [ISP@AvantBrokerage.com](mailto:ISP@AvantBrokerage.com)
  - By Fax to 888.972.7831
- Call **816.251.1677** to provide your credit card\* information to a member of our transportation team.  
(Please have this information available when you call: Credit Card\* Number, Name on Credit Card\* & Billing Address)

**Please process my future insurance payments by credit card\* on the 1<sup>st</sup> business day of the month.** \_\_\_\_\_  
Initial here

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment by ACH/Bank Draft**

**Complete if you would like all payments to be paid by ACH**

I authorize Avant Brokerage LLC (AB) to use my *bank account* on file to pay my insurance premium, deposit adjustments (if applicable) and any fees or taxes that are due. If I need to make any changes to the account information on file, I will call AB and provide updated information. This authorization applies to any subsequent accounts provided and is to remain in full force until AB has received notification of its termination in such time and in such manner to afford AB reasonable opportunity to act upon it.

**BANK ACCOUNT INFO**

Name on Checking Account: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing City/State: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank City, State: \_\_\_\_\_

Bank Transit/Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Enter your financial institution's 9-digit routing number. It's usually found on the lower part of your check next to your account number and check number and in between the two symbols | and :|. It will begin with either a 0, 1, 2 or 3. Please include all zeros and omit any special characters or spaces.

Please enter your account number, also found at the bottom of your checks. Enter the numbers, including all zeros and omit any spaces or characters.

**Please process my future insurance payments by ACH on the 1<sup>st</sup> business day of the month.** \_\_\_\_\_  
Initial here

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_