

Specialty Insurance

P.O. Box 4225
 Richmond, VA 23220
 804-267-1528 Fax: 804-272-5202
 Toll Free 1-800-800-5440

AMERICAN SERVICE INS. CO PAYMENTS

EFT Payment:

Insured's Name	Line	Pymnt. Method	Date Pymnt. Received	Policy Number	Payment Amt.
ex: Doe, John	(Auto, Taxi, Para)	(Cash, Check, etc)	(MM/DD/YY)	(03-000000-00)	\$xxx.xx
Agency Name:					
Agency Code:				Total:	

Credit Card Payment to a Cancelled or Not Written Policy:

Card Number _____	Exp. Date ____/____
CVV2: _____	
Credit Card Type: (circle one)	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD

Amount to be Paid: _____ + \$5.00 Credit Card fee = _____
(Total amount the insured's card will be charged)

A SONL MUST ACCOMPANY THIS PAYMENT FOR ALL NOT WRITTEN AND CANCELLED POLICIES