



Arthur J. Gallagher Risk Management Services, Inc.

Gallagher Koster Insurance Agency Credit Card Authorization Form

Payment Instructions: Complete the Credit Card Authorization section to charge the premium to Visa or MasterCard. Mail or fax this authorization form to Gallagher Koster, PO Box 845663, Boston, MA 02284-5663 Fax (617) 479-0860

PART 1

By signing below, I certify that I and /or my dependent (s) have met the eligibility requirements and enrollment deadline; I have read the Description of Benefits and elect to enroll myself and/ or my dependent (s) in _____ . I also understand that once Koster Insurance Agency (Name of plan) receives payment for me and/ or any eligible dependent (s), I/We will be insured for the period chosen. If it is later determined that the eligibility or enrollment requirements have not been met, coverage will be terminated and the premium will be refunded.

Name (print) _____ Student ID _____

Signature: _____

Date: ____ / ____ / ____

PART 2

Credit Card Authorization Section (Master Card / Visa only)

CHARGE FULL AMOUNT OF \$ _____

VISA/ MASTERCARD #: _____ EXPIRATION DATE: ____ / ____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Card Holder's Full Name _____

Signature of Card Holder: _____

PART 3

If Submitting Payment for a Dependent Complete the Section below:

Dependent Name	Gender (M/F)	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Serviced By: Gallagher Koster , 500 Victory Road, Quincy, MA 02171
Tel: (617)-770-9889 or 800-457-5599 **Fax:** (617) 479-0860