



COLLECTOR CAR INSURANCE

Credit Card Authorization Form

CREDIT CARD AUTHORIZATION

Name (as it appears on card) _____
 Card Billing Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 Card Number _____
 Expiration Date _____ Security Code _____
 Premium Amount _____

I authorize Heacock Classic to charge my insurance premium to my credit card.

 Signed By Date

Our office address:

Heacock Classic
 PO Box 24807
 Lakeland, FL 33802
www.heacockclassic.com

For additional information contact:

Christine Beaumier
cbeaumier@heacockclassic.com
 Phone 863.213.0154
 Fax 863.686.1426



COLLECTOR CAR INSURANCE

EFT Authorization Form

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Name (as it appears on check) _____
 Daytime Phone Number _____
 Bank Account Number _____
 Bank (9-digit) Routing Number _____ Account Type Checking Savings
 Premium Amount _____

I authorize Heacock Classic to process a one-time electronic funds transfer for this insurance premium.

 Signed By Date

Our office address:

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 PO Box 24807
 Lakeland, FL 33802
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