

# K&K Insurance – Client Services

## Credit Card Authorization Form – **POP WARNER**

I (We) hereby authorize K&K Insurance Group, Inc. to debit the credit card listed below, for the premium amount of: \$  -

☐

VISA

☐

MASTERCARD

☐

DISCOVER

☐

AMEX

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Cardholder Name (as appears on card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

League/Association Name: \_\_\_\_\_

Please email completed form to [hollie.lamle@kandkinsurance.com](mailto:hollie.lamle@kandkinsurance.com) or  
[anita.bliss@kandkinsurance.com](mailto:anita.bliss@kandkinsurance.com)

If you have any questions, please call 260.459.5569 or 260.459.5053

### ***For Internal Use Only***

Insured Name: Pop Warner Little Scholars-2022-2023 Policy Year  
Policy Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Underwriter: Hollie Lamle

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