GEORGIA UNDERWRITING ASSOCIATION

415 Horizon Drive, Suite 200
Suwanee, GA 30024-3186
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CREDIT CARD PAYMENT ALLOCATION FORM:

AGENCY INFORMATION:
Name: _____
Address: _____
Phone # _____ Fax #_____
E-mail address: _____
Contact Person: _____

DATE: _____

Policy #	Insured Last Name	Property Address	Payment Type: New, 1st or 2nd installment, endorsement, full payment, etc.	Payment Amount

After you have completed the payment transaction, enter payment transaction #_____ and fax immediately to (770) 717-8620.