

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

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DEPARTMENT OF FINANCE
Office of the Government Insurance Fund

Credit/Debit card Payment Authorization Form

Insured's Name (print name): _____

Name on Credit/Debit card (print name): _____

I, _____, authorize The Government Insurance Fund to charge the following credit card to pay for Worker's Compensation Insurance Premiums incurred on the named insured's policy. I understand that these charges will be charged to the card listed below on the date authorized by my signature below, with the possibility that the card will not be charged up to five days past the due date.

I further understand that if this credit card is declined for any reason, I am responsible for paying the insurance premiums on or before the due date. I understand that I will be responsible for any late charges that accrue due to the denial of this credit card.

I also release Government Insurance Fund/Government of the United States Virgin Islands from any liability associated with holding this information of file.

Credit Card Type: _____

Credit Card Number: _____ Security Code: _____

Expiration Date: _____

Authorized Signature

Date

Authorized Signature

Date