

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

4008 Estate Diamond
Lot 7-B Christiansted
V.I. 00820-4421
Tel: (340)773-1105
Fax: (340)773-8145



2314 Kronprindsens Gade
Charlotte Amalie V.I. 00802
Tel: (340)774-4750
Fax: (340)774-9434
www.usvifinance.info/

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 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: _____

Expiration Date: _____

Authorized Signature

Date

Authorized Signature

Date