

PREMIUM PAYMENT BY CREDIT OR DEBIT CARD

AMOUNT PAID:

\$.

VISA

MasterCard

Discover

Card no:

- - -

(on back of card)

Your signature is required. Your name must match name on card.

CVC/CVV:

X

Expiration:

/

Please print name as shown on credit card:

Thank you for your payment!

Your daytime telephone number

Policy number or Invoice number Reference

Street address

City

State Zip

Billing address:

Send to: Midstate Mutual Ins Co, P.O. Box 520, Auburn, NY 13021-0520, Fax (315) 252-4312