



**Camp Point Mutual Insurance Company**  
 109 E. Jefferson • P. O. Box 375 • Camp Point, IL 62320-0375  
 Phone: (217) 593-7705 • Fax: (217) 593-7453  
 www.cpmutual.com

If you want to pay your premium by credit or debit card, please complete this form and return by mail, fax to (217) 593-7453, or email to (linda@camppointmutual.com)

Please charge my premium to my  Visa  Mastercard  Discover  Debit Exp. Date \_\_\_/\_\_\_/\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code (on back of card) \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_ Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_  
Must be signed to be valid Date \_\_\_\_\_

Please Print \_\_\_\_\_  
Name on Card

Billing Address \_\_\_\_\_  
Street City State Zip Code

*Credit or debit card numbers will not be kept on file. A new form must be submitted for each payment.*