

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

Please print name as shown on credit card:

Expiration:

/

Thank you for your payment!

Your daytime telephone number

Policy number or Invoice number

Update my current Autopay

Only use for this payment

[Sign up for Autopay](#)

Send to: Midstate Mutual Ins Co, P.O. Box 430, Auburn, NY 13021-0430, Fax (315) 252-4312