PAYMENT VOUCHER/AUTHORIZATION

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 52579 (1-2008)

Date			
Name	FEIN or Social Security Number		Telephone Number
Address	City	State	Zip Code

Quantity	Item/Description	Amount Due
	Copy of:	
	Certificate/Certification of:	
	Agent/Agency Letter of Certification	
	Duplicate License	
	Lists/Labels	
	Continuing Education Fee	
	Continuing Education Late Fee	
	Other (please describe):	
	TOTAL FEES DUE	

Form of Payment

- ☐ Cash
- ☐ Check (make payable to Commissioner of Insurance)
- ☐ Credit Card (complete form below)

Amount the Commissioner of Insurance is Authorized to Charge to the Credit Card

Charge To ☐ Visa ☐ Mastercard ☐ Discover

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐☐☐

Name As It Appears on the Card

Signature of Cardholder

Date

North Dakota Insurance Department
600 East Boulevard Avenue, Dept. 401
Bismarck, ND 58505-0320
FAX (701) 328-4880