

Fax to: 518-862-7528  
Attention: Karen Mayen  
Date: \_\_\_\_\_

# CAPITOL

## PAYMENT PLAN

### Broker Change of Address Form

Agent Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Please advise if address is case sensitive & also when to use alpha or numeric)*

Authorized By: \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature)

### *Insurance Premium Financing*

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