

Make a Payment

Please enter your payment information below

PAYER

EMAIL ADDRESS

If individual, list your full name. If broker, list company name.

AMOUNT

PAYMENT TYPE

If paying with Credit Card, click this box. ----->

Credit Card	
Amount	\$0.00
Fee (3.25%)	\$0.00
Total	\$0.00

ACH/eCheck	
Amount	\$0.00
Fee	\$3.00
Total	\$3.00

PAYMENT INFORMATION

Fill in these required fields
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NOTES

Add notes here. (Notes are not required)

By clicking "Send", I authorize First Flight Insurance Group to debit my account.

SEND