

Self-Insurance Guaranty Funds of America

To Educate, Share, Develop, Advocate & Promote

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Alabama Workers' Compensation
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Gary Davis, Ex. Director
Kentucky Coal Employers
Self-Insurance Guaranty Fund

2024 Credit Card Authorization

To facilitate payments using credit cards, please complete the form and fax, mail, or scan/email to:

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Lexington, KY 40513
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Email: gary.davis@sigfa.org

Type of Credit Card: (Circle One) VISA MasterCard Discover American Express

Payment Amount in US Dollars: \$ _____

Card Number: _____

Expiration Date: (MM/YYYY) _____ CVV Code: _____ Zip Code: _____

Reason For Payment: _____

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Phone Number (_____) _____ Fax Number (_____) _____

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Authorized Signature: _____ Date: _____

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