

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

**Capitol Payment Plan, Inc.  
Broker Change of Address Form**

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

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

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

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

***Insurance Premium Financing***

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