

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 610 (2009/04)	Premium Payment Supplement	The title of the form. ACORD 610, Premium Payment Supplement, is a supplement to any ACORD application, to record pertinent information relating to premium payments involving bank transfers, payroll deductions, credit card deductions, and similar transactions.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
PAYMENT PLAN	Billing Account #	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
PAYMENT PLAN	Deposit Amount \$	Enter amount: The amount of the premium received as a deposit.
PAYMENT PLAN	Est Total Premium \$	Enter amount: The estimated total cost amount of the policy.
PAYMENT PLAN	Direct Bill Policy	Check the box (if applicable): Indicates if the policy is to be direct billed.
PAYMENT PLAN	Direct Bill - ACCT	Check the box (if applicable): Indicates if the account is to be direct billed.
PAYMENT PLAN	Agency Bill	Check the box (if applicable): Indicates if the policy is to be producer/agency billed.
PAYMENT PLAN	Full Pay	Check the box (if applicable): Indicates a full payment will be made on the policy.
PAYMENT PLAN	Annual	Check the box (if applicable): Indicates the policy will be paid annually.
PAYMENT PLAN	Semi-Annual	Check the box (if applicable): Indicates the policy will be paid semi-annually.
PAYMENT PLAN	Quarterly	Check the box (if applicable): Indicates the policy will be paid quarterly.
PAYMENT PLAN	Bi-Monthly	Check the box (if applicable): Indicates the policy will be paid bi-monthly.

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PAYMENT PLAN	Monthly	Check the box (if applicable): Indicates the policy will be paid monthly.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
PAYMENT PLAN	Other Description	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
PAYMENT PLAN	Payment Method - Cash	Check the box (if applicable): Indicates the invoice will be paid in cash.
PAYMENT PLAN	Check	Check the box (if applicable): Indicates the invoice will be paid by check.
PAYMENT PLAN	Credit Card	Check the box (if applicable): Indicates the invoice will be paid by credit card. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	EFT	Check the box (if applicable): Indicates the invoice will be paid using electronic funds transfer (EFT).
PAYMENT PLAN	Payroll Deduction	Check the box (if applicable): Indicates the invoice will be paid by payroll deduction.
PAYMENT PLAN	Pre-authorization Draft / Check (PAC)	Check the box (if applicable): Indicates the invoice will be paid by a pre-authorized check or draft.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the invoice will be paid by a means other than those listed.
PAYMENT PLAN	Other Description	Enter text: The method the invoice will be paid.
PAYMENT PLAN	Agent	Check the box (if applicable): Indicates if the policy paper should be sent to the producer.
PAYMENT PLAN	Insured	Check the box (if applicable): Indicates if the policy paper should be mailed directly to the named insured.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates if the policy paper should be mailed to other than the agent or applicant.
PAYMENT PLAN	Other Description	Enter text: The description of whom the policy paper should be mailed to.
PAYMENT PLAN	Payor Insured	Check the box (if applicable): Indicates the payor of the policy is the insured.
PAYMENT PLAN	Mortgagee	Check the box (if applicable): Indicates the payor of the policy is the mortgagee.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
PAYMENT PLAN	Other Description	Enter text: The description of the payor of the policy.
PAYMENT PLAN	Premium Financed? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the premium has been financed.
PAYMENT PLAN	Finance Company	Enter text: The name of the company financing the premium, if applicable.
PAYMENT PLAN	For EFT, PAC Or Check Bank / ABA Number	Enter identifier: The identifier for the bank routing number (ABA Number).
PAYMENT PLAN	Account Number	Enter identifier: The payor's bank account number where the payment will be withdrawn.

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PAYMENT PLAN	Check / Reference Number	Enter number: The unique number imprinted on a check or draft.
PAYMENT PLAN	First Payment Due Date	Enter date: The date on which the first payment is due.
PAYMENT PLAN	Day of Month Due	Enter number: The day of the month when the payment is due.
PAYMENT PLAN	For Payroll Deduction Employee is Applicant	Check the box (if applicable): Indicates the employee making the payroll deduction is the applicant.
PAYMENT PLAN	Co-Applicant	Check the box (if applicable): Indicates the employee making the payroll deduction is the co-applicant.
PAYMENT PLAN	Other (If other, complete below)	Check the box (if applicable): Indicates the employee making the payroll deduction is other than those listed.
PAYMENT PLAN	Employee ID	Enter identifier: The employer assigned identification number for the employee.
PAYMENT PLAN	Number Deductions	Enter number: The total number of installments/deductions to be made.
PAYMENT PLAN	Employee Name	Enter text: The full name of the employee.
PAYMENT PLAN	Employer Name	Enter text: The name of the employer.
PAYMENT PLAN	For Credit Cards - American Express	Check the box (if applicable): Indicates the credit card company is American Express. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Discover	Check the box (if applicable): Indicates the credit card company is Discover. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Visa	Check the box (if applicable): Indicates the credit card company is Visa. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Master Card	Check the box (if applicable): Indicates the credit card company is MasterCard. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the credit card company is Other than those listed. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Describe Other	Enter text: The name of the credit card company (e.g. American Express, Visa, Etc.). As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Account Number	Enter identifier: The credit card account number. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Expiration Date	Enter date: The expiration date of the credit card. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	Security Verification Code	Enter code: The security verification code of the credit card. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	1. Does the Payor require a physical record of this transaction? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the payor requires a physical record of the transaction.
PAYMENT PLAN	Authorized Signature	Sign here: Accommodates the signature of the payor.
PAYMENT PLAN	Date	Enter date: The date the form was signed by the payor.

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PAYMENT PLAN	Date	Enter date: The date the form was signed by the payor.
REMARKS	Remarks	Enter text: The remarks associated with the premium payment information. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
REMARKS	Producer Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
REMARKS	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
REMARKS	State Producer License No	Enter identifier: The State License Number of the producer.
REMARKS	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
REMARKS	Date	Enter date: The date the form was signed by the named insured.
REMARKS	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).