

# COLINAPAYMENTS.COM

## HOW TO MAKE A PAYMENT

See below instructions for paying your policy premium online at colinapayments.com.

### STEP 1

- Navigate to [www.colinapayments.com](http://www.colinapayments.com).
- On the 1st screen, **Payor Information**, first name, last name, phone number and email address are required fields.
- Once completed, select **Next: Policy Details**.

COLINA  
Make a payment by credit or debit card below.

Payor Information | Policy Details | Payment | Confirmation

**01 PAYOR INFORMATION**

First Name \* | Last Name \*

Phone Number \* | Alternate Phone Number

E-mail \*  
Email address for confirmation

By continuing you acknowledge and accept our website refund and privacy policy.

**NEXT: POLICY DETAILS**

### STEP 2

- On the next screen enter your policy information.
- If you need to make an additional payment, select add policy and enter the policy details.
- Please be guided by the following payment types
  - › Premium – to pay your life or health premium
  - › Cash Loan – to make a payment on your policy loan
  - › APL Loan - to make a payment on your automatic premium loan
  - › Mortgage – to make a payment on your mortgage
  - › UL Investment – to make a payment to your UL investment fund
  - › Other – for all other payment types
- Select **Next: Payment**. You will be transferred to First Atlantic Commerce's secured processing website.

Payor Information | **Policy Details** | Payment | Confirmation

**02 POLICY PAYMENT DETAILS**

Policy number \* | Amount (BSD) \* | Payment type \*

+ ADD POLICY

Choose  
Choose  
Premium  
Cash Loan  
APL Loan  
Mortgage  
UL Investment  
Other

Please allow 2 business days to process policy payments. If your insurance policy is more than 45 days past due, please visit our offices to remit payment to avoid policy termination.

**NEXT: PAYMENT**

MasterCard SecureCode | Verified by VISA | 3D SECURE | Refund Policy | Privacy Policy | Contact

### STEP 3

- Enter your credit details and billing address information in the appropriate spaces.
- Do not include any spaces or "/" in the credit card number and expiration date fields.
- Enter the two character letter code for your island in the State/Island/Province field. E.g For New Providence enter NP.
- An email will be sent to the email address you initially provided, confirming payment status. *(remember to check your Junk mail)*

COLINA | FIRST ATLANTIC COMMERCE  
Powering Payments. Mitigating Risk.

**Payment Details**

Amount (BSD) to Pay:  
1.00

Card Number

Expir. Date (MMYY)

Security Code (CVV2)

**Billing Address**

First Name | Middle Name | Last Name

Address 1

Address 2

City

State / Island / Province

Country:  
Bahamas

**Confirm Payment**

VISA | MasterCard | Verified by VISA | MasterCard SecureCode | 3D SECURE

Save time, pay online. For help, contact us at [customercare@colina.com](mailto:customercare@colina.com).