



CHECK BY FAX AUTHORIZATION

I, _____ authorize Gaslamp Insurance Services to use my check # _____ in the amount of _____ as a draft check. This draft will be debited automatically from my account. I understand that I presently have these funds available in my account to process this draft. This is to be done on a **one-time only basis**. This draft authorization is solely for the purpose of securing insurance coverage for:

POLICYHOLDER INFORMATION

INSURED NAME: _____ DBA: _____
ACCOUNT TYPE: _____ PAYMENT TYPE: _____

BANK ACCOUNT INFORMATION

ACCOUNT NAME: _____ DRIVERS LICENSE #: _____
BANK NAME: _____ CHECK AMOUNT: _____
ROUTING #: _____ (9 Digits) ACCOUNT #: _____

Signature

Please **do not** submit original check. Please retain a copy of this for your records. Thank you.

PLACE YOUR CHECK HERE

PAYABLE TO Gaslamp Insurance Services

PLEASE FAX TO (800) 920-4107

This draft is for the payment type only. All future installment premiums will be directly billed by mail to the insured each month by the carrier or premium finance company.