

DRAFT CHECK AUTHORIZATION FORM

I, _____, authorize Lemore Insurance Services to use my faxed copy of 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:

Name of Risk

Type of Risk

Authorized Signature, Title

Date

Note: Please do not mail or submit original check paperwork. Please retain the original check in your records and note this check was electronically processed.

-Please copy the check to this document here-

CLIENT BINDING INSTRUCTIONS

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