



AGENCY BILLED POLICIES ONLY!

CHECK-BY-FAX AUTHORIZATION FORM

3 EASY STEPS:

1. FILL OUT THIS FORM COMPLETELY
2. ATTACH A CHECK COPY
3. FAX TO: 1(925)378-5791

NAME, ADDRESS, CITY, STATE, ZIP THAT IS PRINTED ON CHECK

NAME: _____	DATE OF PAYMENT: _____
ADDRESS: _____ _____	
POLICY or QUOTE #: _____	BANK: _____
CHECK #: _____	EMAIL: _____
PHONE #: _____	ROUTING #: _____
AMOUNT: _____	BANK ACCOUNT #: _____



Place Copy Of Check Here
Or Fax On Separate Page

I authorize the J.E. Brown & Associates to draft the account listed above for the amount listed above. I confirm that the funds are available for immediate payment.

Sign _____ Date _____

Name _____