Electronic Check Authorization Form

CID INSURANCE PROGRAMS, INC. DBA CID INSURANCE SERVICES

I _____, authorize CID Insurance Programs, Inc. to deposit my electronic copy of check #_____, in the amount of $_____ in place of a physical check. The check amount will be deducted from my account once all required bind documents have been received and coverage has been bound with the insurance carrier. By completing this form, you confirm that the funds are available in the account the check is drawn against. All returned checks are subject to a $35 fee. This check is for a one-time payment only and is solely for the purpose of securing insurance coverage for:

_____
Name of Risk

_____
Policy Number(s)

_____
Authorized Account Holders Signature

_____ / _____ / _____
Date

NOTE: Please do not submit original check by mail. Please retain a copy of this form for your records. We will not cash this check until all bind documents are received and coverage is bound. If for any reason coverage cannot be bound, this form will be destroyed.

Place <u>completed and signed</u> agency trust check here

All checks must be payable to CID Insurance

CHECK ONLY ONE AND RETURN TO <u>BILLING@CIDINSURANCE.COM</u> OR FAX TO (619) 593-2008

_____ This check is for the Down Payment Only. All future monthly premiums will be invoiced direct from the premium finance company. A **copy of the finance agreement must be attached**.

_____ This check is for the Full Annual Payment. No future premiums will be invoiced unless amendments are processed on the policy.