

Electronic Check Authorization Form

Step 1. I _____, authorize CID Insurance Programs, Inc. to deposit my electronic copy of check # _____, in the amount of \$ _____ in place of a mailed physical check.

I acknowledge, once CID receives all required bind documents and coverage has been bound with the insurance carrier, the check amount will be deducted from my account. Completion of this form confirms the funds are available in the account linked to the attached check. Any payment returned by the bank will incur an additional minimum fee of \$50 (fee subject to change without notice).

Step 2. This attached check is solely intended to secure coverage for:

Name of Risk

Policy Number(s)

Authorized Account Holder's Signature

Date

Step 3. Payment: All checks must be payable to CID Insurance

Place completed and signed agency trust check here

Please do not attach a VOIDED check.
This attached check copy will be deposited.

NOTE: Do not mail original check but retain for your records. The attached check copy won't be cashed until all bind requirements are met and coverage is bound. If, for any reason, coverage can't be bound, this form will be destroyed.

Step 4. Check one box below and return to billing@cidinsurance.com or fax to (619) 593-2008

- Down Payment only.** All future monthly premiums will be invoiced direct from finance company. A copy of the finance agreement must be attached.
- Partial Payment.** Remaining balance will be paid within the billing terms. Provide an invoice for the remaining balance due.
- Full Annual Payment.** No future premiums will be invoiced unless amendments are processed on policy.
- Wholesale Broker Fee only.** (Agent or insured check accepted for this fee only)