

Horizon E & S Insurance Brokerage

DRAFT CHECK AUTHORIZATION FORM

I, _____, authorize Horizon E & S Insurance Brokerage 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 confirm 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 Insured

Printed Name of Authorized Check Signer

Signature

Date

Note: Please do not submit original check when submitting original paperwork by mail. Fax this form with affixed check to (805) 494-6778

Make Check Payable to Horizon E & S Insurance Brokerage

(Place Your Agency Check Here)