

# Authorization to Draft Payment

Insured: \_\_\_\_\_ Client # \_\_\_\_\_

Policy # \_\_\_\_\_ Invoice # \_\_\_\_\_ Method of Payment: Check via Fax

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**\*\*\*Make check payable to: CARE PROVIDERS INSURANCE BROKERS INC.\*\*\*  
Tape your check below and fax to: \_\_\_\_\_ at (949) \_\_\_\_\_**

This is your payment authorization. Please keep the original check for your records.

TAPE YOUR  
COMPLETED & SIGNED CHECK  
HERE

DO NOT MAIL

**Important message to our Customers:** Only checks that are drawn on regular business or personal checking accounts can be accepted by fax. Please write the information for your checking account below. This helps us ensure accuracy when processing your check. Many faxed checks are hard to read because of shading, etc.

*Thank you!*

\*FILL OUT THIS INFORMATION AND SIGN\*

Check Amount \$ \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Name(s) on Checking Account: \_\_\_\_\_

Address Printed on Check: \_\_\_\_\_

\_\_\_\_\_

*I authorize Care Providers Insurance Brokers Inc. to cash my faxed check and debit my account.*

**X**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date