

Check Draft Authorization Form

I, _____ authorize Brown & Brown of CA, Inc. to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check One Box (required)

This authorization is valid for this transaction only.
The transaction amount will be \$ _____ (transaction amount required)

This authorization is valid for [yearly] [quarterly] [monthly] [weekly] (circle one) transactions,
the transaction amount will be \$ _____ (transaction amount required)

Named Insured: _____ Policy #: _____

Checking Account #: _____ Routing #: _____ Check #: _____

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Brown & Brown of CA, Inc. and,
_____ (Name)

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until Brown & Brown of CA, Inc. receives my written notice of cancellation via mail, fax or email.

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Here (required)

Then Fax To 805.965.5482

DO NOT MAIL ORIGINAL CHECK - KEEP FOR YOUR RECORDS

Fax to: 805-965-5482