

WCFL INS. SERVICES

DRAFT CHECK AUTHORIZATION FORM

I, _____, authorize WCFL Insurance Services 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 understand 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 RISK

TYPE OF RISK

SIGNATURE

DATE

NOTE: Please do not submit original check when submitting original paperwork by mail. Please retain a copy of this for your records.

Thank you,

Please Attach Check Here