

TAPE CHECK HERE
DO NOT MAIL IN YOUR CHECK
KEEP IT FOR YOUR RECORDS

The Insurance Centers

Donald F. LaPenna Associates, Inc.
PO Box 1868
Cranford, NJ 07016

Phone: 732-574-8000 --- FAX: 732-574-8001

Based on your authorization over the telephone today, your banking information will be kept confidential. A check draft will be produced as a replacement for the amount of your payment. (This check draft will be treated as if you had mailed it in. The check draft will be deposited and it will be returned to your bank for payment, just as one the checks in your checkbook.)

To: Lorraine Swanson, Accounts Receivable

From: _____ Customer Fax # _____

I, _____
(Name and Title)

of _____
(Company Name)

GIVE **THE INSURANCE CENTERS** MY PERMISSION TO USE CHECK # _____

IN ORDER TO DEBIT MY BANK ACCOUNT IN THE AMOUNT OF \$ _____

IN THEIR CHECK-BY-FAX PROGRAM AS DESCRIBED ABOVE.

Ø _____
(Signature of authorized person on bank account check is issued on) (Date)

This check will serve as payment for the following invoice number(s):

Policy #	_____	Invoice #	_____	Amount \$	_____
Policy #	_____	Invoice #	_____	Amount \$	_____
Policy #	_____	Invoice #	_____	Amount \$	_____

Complete the above form and tape your check to the top of the form and fax it to 732-574-8001.

NOTE: Any withdrawals returned by your bank, as "unpaid" will result in a \$40.00 processing charge and re-submission of new check to collect unpaid balance of earned premium.