

Draft Check Authorization Form

I, _____, authorize Pathfinder LL&D Insurance Group, LLC 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 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,

(Place Your Check Here)