

Motor Dealer Insurance Services, Inc

5405 E Village Rd. #8369, Long Beach, CA 90808 www.motorDEALERServices.com
Toll Free: 888-DLR-INS4 Lic:CA 0D87197 AZ 906944 NV 1100441 ID 619149

CHECK AUTHORIZATION FORM

I _____ hereby, authorize ***Motor Dealer Insurance Services, Inc.*** to use my faxed check # _____ in the amount of \$ _____ as a draft check. This draft will be debited from my checking account. I certify that I presently have the funds available in this account to cover this check for the amount mentioned above. I understand, and authorize, that this draft is to be done on a one time only basis. This draft authorization is for the sole purpose of securing insurance coverage for:

Name of business _____

Address _____

Printed name of authorized check signer _____

Signature _____

Please make your check payable to *Motor Dealer Insurance Services, Inc.*

Please ensure this form is completely filled in.

IMPORTANT: \$35 Service charge will apply on all checks returned for insufficient funds

Attach the original check below when faxing this form. Retain the original check as a receipt for this transaction.

Please Attach COMPLETED SIGNED Check Here

RETURN THIS FORM TO US AT 805-980-3333 OR INFO@MOTORDEALERSERVICES.COM