

# America Summit Insurance Echeck Authorization

Fax: 254-730-9570/ Email: flood@american-summit.com /Phone: 1-800-749-6419 ext. 7570

**Agent, you must read the following to the Customer:**

Do you authorize American Summit Insurance Company on \_\_\_/\_\_\_/\_\_\_ (today's date) to process this payment as a one-time electronic withdrawal from the checking account of \_\_\_\_\_ (payor name) in the amount of \$ \_\_\_\_\_?

**If the Customer agrees, tell the Customer the following:**

The withdrawal may be made from this checking account as early as the next business day. The payment will be applied to the following application or policy number \_\_\_\_\_.

**Account Holder Name:** \_\_\_\_\_

**Account Type (checking/savings):** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Confirm Account Number:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

Signature is required for your records, print this form, complete the information above, and obtain the Customer's signature.

Fax to 254-730-9570 or email to flood@american-summit.com

**Customer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_