

Check Draft Authorization Form

I _____, hereby authorize Pelican General Insurance Agency.
to duplicate the attached, or otherwise provided check, in bank draft form.

This authorization is valid for this transaction only. The transaction amount will be for exactly
_____, for payment related to the below-referenced policy.

I have read and agree to all of the terms and conditions on this page and any other contract or document that
accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand
this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Pelican General Insurance Agency.
and _____ (your Agency).

I also understand that if my check is returned unpaid for any reason, including, but not limited to, NSF, uncollected
funds, invalid or closed account, stop payment, or any other reason, the company may assess a service charge for an
amount not to exceed twenty-five dollars (\$25) for the first check passed on insufficient funds and an amount not to
exceed thirty-five dollars (\$35) for each subsequent check passed on insufficient funds. The service charge provided
herein is subject to the maximum charge allowed by applicable state and federal law.

Authorized Accountholder Signature

Date

ATTACH YOUR CHECK HERE

Please email to: dlitwin@pelicanmga.com

Check Draft Requirements

1. Please complete the Check Draft Authorization Form in its entirety.
2. Checks must be payable to Pelican General Insurance Agency.
3. Check must be from the Agency's Trust Check (insured's checks cannot be accepted).
4. Check copy must be attached to the form or as an additional attachment
 - A new check number for each draft check must be submitted. Check numbers cannot be reused or duplicated.
 - Agency name and address must be printed on the check.
5. Please complete the application ID/Policy Number and Insured's Name/Company below.

Name & Contact Phone #: _____

App ID/Policy Number: _____

Name of Insured: _____

For Internal Use Only

Invoice #	Agency (0-6)	Producer Code	Bind Date

App ID: