

GLOBAL CENTURY INSURANCE BROKERS
3090 INDEPENDENCE DRIVE SUITE #244 LIVERMORE, CA 94551
PH: (925) 262-1900 FAX: (925) 262-1901 Lic#OE52042

AUTHORIZATION TO DEPOSIT FAXED CHECK

Date _____ Attn: _____ Quote _____

Check # _____ Amount \$ _____

INSURED'S NAME/DBA: _____

Address: _____

City _____ State _____ Zip Code _____

This is to authorize GCIB to deposit the faxed image to our trust check via software.

Producer's Name _____ DBA _____ Agency code _____

PRODUCER SIGNATURE

DATE

Coverage will not be considered for binding unless above authorization is properly signed and executed. We must receive the original application & supporting paper within 5 days from the binding request in our office, if we do not receive all the required original documents and signed application and check is bounced or insufficient amount the coverage is void and null. If you choose not to use this option, coverage will not be considered for binding until your trust check, signed application and required document is received in our office. We cannot accept the insured's personal check with this form.

- 1. DO NOT MAIL THE ORIGINAL CHECK-KEEP FOR YOUR RECORD.**
- 2. PLEASE FAX YOUR CHECK AS PART OF THIS PAGE, OR FAX SEPARATELY.**
- 3. PLACE (ATTACH) YOUR TRUST CHECK HERE AND FAX.**
- 4. YOUR FAXED CHECK WILL BE WITHDRAWN FROM YOUR ACCOUNT WHEN YOU SIGN THE ABOVE AUTHORIZATION.**