



GENERAL
INSURANCE
SERVICES

Check Draft Authorization Form

I, _____ hereby authorize Ion General Insurance Services, Inc. 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:

\$ _____.

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 Ion General Insurance Services, Inc. and

_____(Your Agency).

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Ion General Insurance Services, Inc. will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in your state.

Please sign within the box below:

A rectangular box intended for a handwritten signature.

Authorized Accountholder Signature Only

TAPE YOUR CHECK HERE

Then Fax your order to:

(714) 783-3291

Quote/Policy Number: _____

Name of Insured: _____

Today's Date: _____

04-2005