



GIC Underwriters Inc.
P.O. Box 558810
Miami, FL 33155

Electronic Payment

Agency Name : _____

Date : ____/____/____

Insured's Name : _____

Policy # : _____

Checking Account # : _____

Amount : _____

Want to pay electronically? Place your check below and e-mail to payments@gicunderwriters.com

PLACE CHECK HERE

Please do not mail your original check.
Keep your original check for your records.
Thank You.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment.

This check authorizes you (GIC Underwriters, Inc.) to charge our bank account as per the attached check.

CBF Form 02/12

Signature

Phone: (800) 392-9966
Fax: (305) 662-3914