



Trust Check Request / Purple Sheet

Insured	Name
Policy #	Date
Effective Date	Special Instructions
Payable To	
Need By	

Checklist

Invoiced _____ Invoice # _____

Financed _____ Finance Account # _____

Bind Request

Renew / Add in Epic

Attach Signed Forms

Binder Recieved

Update Certificates

Attach Binder

Issue Renewal App

Attach Finance Agreement

Thank You Email

Agency Bill

Full Payment

Deposit %

Direct Bill

Full Payment

Deposit %

Full Premium _____ * Deposit % _____ = _____

Comission % _____ Comission Net _____

Pay Details

	Code	Description	Amount
Payment Type _____			
Payment Collected _____			
Date Recieved _____			

Accounting Use Only

Check # _____ Issue Date _____ Carrier Paid _____

Statement # _____ Insured Deposit Date _____

Transfer Amount _____