



Check Draft Authorization Form

I _____ hereby authorize
HUB International Insurance Services, Inc.,
to duplicate the attached, or otherwise provided check, in bank draft form.

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 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 HUB International and,
_____.

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, HUB International, 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.

Authorized Accountholder Signature

Date

TAPE YOUR CHECK HERE

Then Fax your order to:

714-459-7357
(my direct fax)