

SUTTER Insurance Company

CHECK-BY-FAX AUTHORIZATION FORM
 Phone: 1-800-530-1124 Option #2 (Commercial Auto Customer Service)
 Fax: (707) 793-1066

3 EASY STEPS:

1. FILL OUT THIS FORM COMPLETELY
2. ATTACH A CHECK COPY
3. FAX TO: 1(707)793-1066

| |
|------------------------------|
| FOR INTERNAL USE ONLY |
| How Received: _____ |
| Sutter Initials: _____ |
| Confirmation: _____ |

NAME, ADDRESS, CITY, STATE, ZIP THAT IS PRINTED ON CHECK

| | |
|---|--------------------------------------|
| NAME: <u>YOUR NAME</u> | DATE OF PAYMENT: <u>11/11/11</u> |
| ADDRESS: <u>123 YOUR STREET</u> <u>YOUR HOMETOWN STATE 12345</u> | |
| POLICY #: <u>XTP 00000</u> | BANK: <u>YOUR BANK</u> |
| CHECK #: <u>1026</u> | EMAIL: <u>YOUR EMAIL</u> |
| PHONE #: <u>555-555-5555</u> | ROUTING #: <u>123456789</u> |
| AMOUNT: <u>\$500.00</u> | BANK ACCOUNT #: <u>1234567890101</u> |

Your Name
123 Your Street
Your Hometown, State 12345 12-03

1026

11/11/11 Date

Pay to the Order of **SUTTER INSURANCE COMPANY** \$ 500. ^{NO}/₁₀₀

FIVE HUNDRED DOLLARS ^{NO}/₁₀₀ **DOLLARS**

YOUR CHECK

Memo POLICY XTP 00000 Your Name

⑆ 123456789 ⑆ 1234567890101 ⑆ 1026 12-3/ 456 XX 789

ABA/Routing Number

Account Number

Check Number

I authorize the Sutter Insurance Company ownership to draft the account listed above for the amount listed above. I confirm that the funds are available for immediate payment.

Sign Your Name Date 11/11/11