



Check Authorization Form

Check Billing Information:	
Name of Insured:	
Name of person Authorizing:	
Business Acct Name:	
Business Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Bank Name:	
Bank Routing Number:	
Bank Account Number:	
Please Select one of the Following Payment Options:	
One Time Charge <input type="checkbox"/> (check if applicable)	Charge the bank account listed above once for the following dollar amount: _____
	Charge the bank account listed above once to pay for the following invoice # (s) _____
On Going Charges <input type="checkbox"/> (check if applicable)	Charge the bank account listed above as invoices become due for services provided each pay cycle for all contracts between American Liberty Insurance, Inc. and:

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that if the on-going authorization is selected, they may discontinue payment by check at any time by provided written notice to American Liberty Insurance, Inc.. Applicant also agrees to provide notice to American Liberty Insurance, Inc. should they wish to terminate any ongoing agreement to pay for services via check. Applicant acknowledges that invoices may cover late fees, cancellation fees, reinstatement fees, audit balances etc. Applicant acknowledges that a \$25 fee will be assessed for insufficient funds or inaccuracy of provided payment information resulting in a failed payment transaction.

I, the undersigned, represent that I am duly authorized to represent the company listed above and that I agree to the terms and conditions listed.

Authorized Signature: _____ Printed Name: _____ Date: ____ / ____ / ____

ALIC OFFICE USE ONLY:

AUTHORIZATION #: _____ DATE: _____