



Check Draft Authorization Form

I, _____, authorize NeitClem Wholesale Insurance Brokerage, Inc. to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

This authorization is valid for this transaction only.

The transaction amount will be \$ _____. (Amount required)

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 I 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 NeitClem Wholesale Insurance Brokerage, Inc., and _____.

I understand that all returned checks are subject to a \$25.00 NSF Fee.

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Here (required)

Then eMail to: accounting@neitclem.com

or

Fax to: 323-258-2676