

# **Motor Dealer Services Insurance Services**

4195 Viking Way #210, Long Beach, CA 90808 www.MOTORDEALERServices.com

Toll Free: 888-DLR-INS4 Lic:CA 0D87197 AZ 906944 Fax 805-980-3333

## **CHECK DRAFT AUTHORIZATION FORM**

I \_\_\_\_\_ hereby, authorize **Motor Dealer Services Insurance Services** to use my faxed check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ as a draft check. This draft will be debited from my checking account. I certify that I presently have the funds available in this account to cover this check for the amount mentioned above. I understand, and authorize, that this draft is to be done on a one time only basis. This draft authorization is for the sole purpose of securing insurance coverage for:

Name of business \_\_\_\_\_

Address \_\_\_\_\_

Printed name of authorized check signer \_\_\_\_\_

Signature \_\_\_\_\_

**Please make your check payable to *Motor Dealer Services Insurance Services***

***Please ensure this form is completely filled in.***

**IMPORTANT: \$35 Service charge will apply on all checks returned for insufficient funds**

Attach the original check below when faxing this form. Retain the original check as a receipt for this transaction.

Please Attach COMPLETED SIGNED Check Here

RETURN THIS FORM TO US AT 805-980-3333 OR [INFO@MOTORDEALERSERVICES.COM](mailto:INFO@MOTORDEALERSERVICES.COM)