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## Electronic Payment Authorization Form

(Must be received prior to 1:00 pm est or 10:00 am PST for same day processing)

PLEASE COMPLETE THE FORM AND FAX TO: (877) 418-5422 OR EMAIL TO: INFO@YERGEYINS.COM

Current Date: \_\_\_\_\_

Insured: \_\_\_\_\_

Name on Check: \_\_\_\_\_

Account Number: (5-17 digits) \_\_\_\_\_

Routing Number: (9 digits Only) \_\_\_\_\_

*(Bank of America customers please verify with your bank on the proper routing number to use for electronic payments.)*

Amount of Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

- Your checking account is a:
- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Checking Account | <input type="checkbox"/> Personal Checking Account |
| <input type="checkbox"/> Commercial Savings Account  | <input type="checkbox"/> Personal Savings Account  |

I hereby authorize Yergey Insurance to use this faxed copy of my check as an actual check to be used for payment of the insurance policy. Furthermore, I understand that by using this Electronic Payment Authorization Form I agree to pay any service and late charges that might occur if my bank for any reason returns my check.

Authorized Name: \_\_\_\_\_  
(Please print the name of the person signing the check)

Authorized Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**The check must be payable to 'YERGEY INSURANCE'**

Please write "**ELECTRONIC CHECK**" on the signature line of your check and keep the original check (do not mail your original check)

# PLACE CHECK HERE

ANY FAX RECEIVED AFTER 1:00 PM EST OR 10:00 AM PST WILL BE PROCESSED THE NEXT BUSINESS DAY

*A fax confirmation is NOT a confirmation that your payment has been received or posted. It is your responsibility to verify with your financial institution on the accurate posting of your payment.*

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