

Check Draft Authorization Form

I, _____, authorize Pathfinder LL&D Insurance Group, LLC to use the attached copy of my check # _____, in the amount of \$_____ as a check draft. This draft will be debited automatically from my account. I understand that I presently have these funds available in my account to process this draft. This is to be done on a **one time only basis**. This draft authorization is solely for the purpose of securing coverage for:

Name of Insured

Policy Number or Type

Authorized Accountholder Signature

Date

Note: Please **DO NOT** submit original check when submitting original paperwork by mail. Please make a copy and retain the original copy of this for your records.

Thank you.

(Place Your Check Here)
E-Mail to your account manager or Fax to 281-556-9609
Optionally
Mail To:
Pathfinder LL&D Accounts Receivable
P.O. Box 441587
Houston, TX 77244