BROOKSIDE GENERAL INSURANCE SERVICES, INC.

Check Draft Authorization Form

I _____, hereby authorize **Brookside General Ins. Svc Inc.,** to duplicate the attached, or otherwise provided check, in bank draft form.

POLICY NUMBER: _____ ***Telephone Number:*** _____

☐ This authorization is valid for this transaction only.
The transaction amount will be for exactly $_____.

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 legal binding agreement between:

Brookside General Insurance Services, Inc., and _____.

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, **Brookside General Insurance Services, Inc.**, will charge a returned check charge in the amount of $25.

_____ _____
Authorized Accountholder Signature Date

For verification purposes, please provide the following:

Routing Number:

Account Number:

Copy of check here

Fax to: (209) 476-8008