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Premium Funding Associates, Inc.
please fax your check to
972-248-6544

2:00pm CUT OFF

Please note, checks faxed after 2:00pm Central Standard Time will be posted to the account the following business day.

Monthly Installment UEC Other: _____

Insured: _____ Phone#: () _____

Agent: _____

Account#: _____ Policy#: _____

Check#: _____ Amount: _____

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CHECKS MUST BE PAYABLE TO : PREMIUM FUNDING ASSOCIATES, INC

DO NOT MAIL ORIGINAL TO PEA

PLEASE WRITE ACCOUNT NUMBER ON YOUR CHECK.

KEEP THE ORIGINAL FOR YOUR RECORDS TO AVOID DUPLICATE POSTING.

ATTACH CHECK HERE

**CALL 972-248-6543 TO VERIFY OUR
RECEIPT OF YOUR CHECK OR YOUR
PAYMENT MAY NOT BE APPLIED.**

■ I hereby authorize Premium Funding Associates, Inc., to use this faxed copy of my check as an actual check for payment on the above account. I am an authorized signer or authorized representative of the Agency on this account, and i have signed this sheet to certify this transaction.

X

Signature of authorized signer on checking account Date