

F

Mullen Insurance Agency, Inc.



PO Box 496569 Garland, TX 75049
www.mulleninsurance.com

Attn:



Fax (972) 681-7601 (972) 681-6297 (800) 783-6297

A

Complete this form, sign and email to your representative or fax to (972)681-7601.

X

3:00pm CUT OFF. Please note, checks faxed after 3:00pm Central Standard Time will be posted the following business day. Confirmation will be mailed to you upon posting.

Monthly Payment Down Payment Other

Insured Name: _____ Phone#: _____

Policy #: _____ Policy Type: _____

Check#: _____ Amount: \$ _____

C

DO NOT MAIL ORIGINAL TO MULLEN INSURANCE

**CHECK MUST BE PAYABLE TO:
MULLEN INSURANCE AGENCY, INC**

H

PLEASE WRITE: **"FAX CHECK"** & **"POLICY NUMBER"** ON THE FACE OF THE CHECK. KEEP THE ORIGINAL FOR YOUR RECORDS TO AVOID DUPLICATE POSTING.

E

1. PLACE ORIGINAL CHECK HERE
2. PHOTOCOPY.
3. FAX COPY.

C

"If you pay this invoice by check and your check is returned to us, it will be re-presented electronically and your account will be debited for the amount of the check plus the state allowed fee"

K

I hereby authorize Mullen Insurance Agency, Inc., to use this faxed copy of my check as an actual check for payment on the above policy. I am an authorized signer on this account, and I have signed below to certify this transaction.



Signature of Authorized Signer on Checking Account

Date (REQUIRED)

Specializing in the insurance needs of the
Texas Automotive Industry