ATM Check Draft Authorization Form

I _____, hereby authorize American Team Managers Insurance Services, Inc. to duplicate the attached, or otherwise provided check, in bank draft form.

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 binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between American Team Managers Insurance Services, Inc. and _____ _____ (Your Agency).

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, American Team Managers will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for $25, or the maximum returned check charge allowed in your state.

X_____ _____
Authorized Accountholder Signature Date

PLEASE ATTACH A COPY OF THE CHECK TO A BLANK PAGE

Name & Contact Phone #: _____

Quote/Policy Number: _____

Name of Insured: _____