



Client Number: _____

For CSIA Use Only

Contractor Solutions
Insurance Agency, Inc.

Check by Fax Authorization

I authorize Contractor Solutions Insurance Agency, Inc. to use my check as a draft check, which will be debited automatically from my account. I understand that I presently have these funds available in my account to process this draft on a one-time basis only.

Policyholder Information

First/Last Name of Insured:	
Company/Business Name:	

Payment Information

Drivers License Number:	
Name on Account:	
Billing Street Address:	
Billing Phone #:	
Routing Number:	
Account Number:	
Check Amount:	
Check Number:	
Name/Address of Bank:	
Date:	
Signature:	

Please affix your check here and fax to 619-741-4971

Make payable to: CSIA, Inc.

Thank You! We appreciate your business.

Please do not submit original check. Please retain a copy of this for your records.

This draft is for payment type listed only. All future installment premiums will be directly billed by mail to the insured each month by the carrier or premium finance company.

CSIA, INC. P.O. Box 3047 La Mesa, CA 91944 Phone: 619-741-5118 Fax: 619-741-4971
License # AZ. 920646, CA. 0F50099, CO. 357018, NV. 604488, OR. 821352, TX. 1781978, WA. 765083