

CHECK DRAFT AUTHORIZATION FORM

Fax completed form to 916-939-9961

HOW TO COMPLETE:

Please make your check payable to CAIS, LLC. Don't forget to fill out the check completely including your signature, just like a check to be mailed for payment. Fill out all of the information below. All items are required. The completed check should then be attached to this form in the area below. You can fax using the number above, or email the completed form and check to your underwriter.

It's just that easy! No hard copies are required once this form is submitted.

I, _____, hereby authorize Community Association Insurance Solutions, LLC (CAIS) to use the attached, or otherwise provided check in bank draft form. This authorization is valid for this transaction only.

Transaction amount: \$ _____

I have read and agree to all of the terms and conditions outlined on this form and any other contract or document accompanying this agreement. I certify I am an authorized account holder for this checking account.

I, _____ understand this is a legally binding agreement with CAIS. I also understand if my item(s) are returned unpaid for any reason, including but not limited to; NSF, uncollected funds, invalid or closed account, stop payment or any other reason, CAIS will attempt to redeposit the item(s), and may choose to assess a returned check fee in the same, or separate draft for \$25.

Authorized Account Holder Signature: _____ Date: _____

PLEASE ATTACH YOUR COMPLETED AND SIGNED CHECK BELOW. THIS IS NOT AN EFT OR ACH.

COMPLETED CHECK GOES HERE