

*Allen Financial Insurance Group*  
**The Equestrian Group**  
**EZPAY CHECK AUTHORIZATION**

Policy #: \_\_\_\_\_

AFIG Account #: \_\_\_\_\_

I/We agree that, if this authorization is sent to you by facsimile or by any other means, you may act upon it whether or not you receive an original hard copy. I/We authorize Allen Financial Insurance Group (AFIG) and/or The Equestrian Group to collect payment through Electronic Funds Transfer from a financial institution or approved credit card. I understand that the inability of AFIG or The Equestrian Group to make this collection will result in immediate cancellation of my insurance policy. I/We also agree that by signing this authorization I/We are guaranteeing payment in full of the above-mentioned account or insurance policy and/or related Services.

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

(Attach legible copy of check here) DO NOT MAIL ORIGINAL CHECK

Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_      Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_      Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_      Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_      Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_      Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_  
(Authorizing Signature)

\_\_\_\_\_  
(Date)