

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

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

(Your 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) to collect payment through Electronic Funds Transfer from a financial institution or approved credit card. I understand that the inability of AFIG 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: \_\_\_\_\_

(Attach check here) DO NOT MAIL ORIGINAL CHECK

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

This check authorizes Allen Financial Insurance Group to charge our bank account per the attached check.

Date: \_\_\_\_\_

Fax: 602-992-8327

email: [afig@eqgroup.com](mailto:afig@eqgroup.com)

\_\_\_\_\_  
(Authorizing signature)