

**FOR YOUR CONVENIENCE
WE OFFER FIVE PAYMENT OPTIONS**

- 1- REGULAR MAIL, payment by check or money order, using regular mail, this takes an average of three to seven days to effect a policy.
- 2- NEXT DAY AIR, payment by check or money order, using next day mail, this takes an average of one to two working days to effect a policy.
- 3- DIRECT DEPOSIT, payment by direct deposit, we have two accounts one at Bank of America and another at Wells Fargo, most communities have at least one office to these banks, you would simply make a regular deposit into our account, fax the deposit slip and applications to us, in most cases we can effect coverage same day depending on what time we receive the information, please call us for account number.
- 4- CHECK FAX SYSTEM, by faxing your check, an authorization form and the applications, we can reproduce your check in our office, it can then be deposited as a regular check by us, in most cases we can effect coverage same day depending on what time we receive the information, authorization form is enclosed.
- 5- VISA, MASTER CARD OR AMERICAN EXPRESS, you can use your Visa, Master Card or American Express for the deposit portion, in most cases we can effect coverage same day depending on what time we receive the information, please call us for authorization form.

Your business is greatly appreciated.

Altamont Insurance Brokers, Inc.
4598 South Tracy Blvd. Suite 120
Tracy, CA. 95377
209-835-6395 800-863-6395 fax 209-835-7395

Altamont Insurance Brokers, Inc.

Draft Check Authorization Form

I, _____, authorize Altamont Insurance Brokers, Inc. to use my faxed copy of check # _____, in the amount of \$ _____, as a draft check. This draft will be debited automatically from my account. I understand that I presently have these funds available in my account to process the draft. This is to be done on a one time only basis. The draft authorization is solely for the purpose of securing insurance coverage for:

Name of Business

Type of Business, (contractor, non-profit, small business etc.)

Signature

____ / ____ / _____

Date

NOTE: Please do not submit original check when submitting original paperwork by mail. Please retain a copy of this form for your records.

Thank You,

This Draft is for the down payment only, all future monthly premiums will be directly billed by mail to you each month.

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www.altamontins.com

License #: OC15034

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CA License #OC15034

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Tracy, CA 95377 (209) 835-7395

Credit cards can be used for deposit amount only, balance must be financed

CREDIT CARD AUTHORIZATION

Client Information

Insured Name

Home Telephone Number

Fax Telephone Number

Work Telephone Number

E-Mail Address

Credit Card Account Information

Check One: [] VISA [] MASTERCARD
[] AMERICAN EXPRESS

\$ _____
Amount to be charged to account
Must be for deposit amount only

Name on credit card (exactly as printed)

_____ / _____ / _____
Card Number Exp. Date

Billing address for card (Street, Apt. #)

I authorize Altamont Insurance Brokers, Inc.,
to debit my credit card listed above for the
amount of the insurance premium shown above.

City, State, Zip

By my signature I hereby agree that if this credit
card transaction is denied for any reason, my
policy will be VOIDED and NO COVERAGE will
be in effect.

COMPANY USE ONLY

Authorization Number: _____

Signature

Today's Date