

## Fax-A-Check Authorization Form

I hereby authorize **Insurance Credit Corporation** to deduct the current amount due on my installment agreement. I understand that this amount will include any unpaid fees and a **\$15 processing fee**. (Faxed payments will be posted on next business day from receipt)

PLEASE PRINT:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(E-mail)

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

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

\_\_\_\_\_  
(Account #)

**Please attach voided check below when sending in for processing.**  
**(214)260-1180 FAX                      1-800-588-9292 (PHONE)**

**(Attach Voided Check Here)**