

Electronic Payment

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Age	Agency Name :														F	Polic	y #	<u>:</u> :	_											
Insured's Name :														Amount :																
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Personal Checking Account Saving Account																	L			Bus	sines	SS A	CCC	ount						
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By providing the bank account information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.

If the Initial payment by check is returned by the bank because of "PAYMENT DISHONORED BY

BANK", coverage will be null and void from inception.

Phone: (800) 392-9966 Fax: (305) 662-3914