

**National Advantage
Insurance Services, Inc.**

Check Draft Authorization Form

I _____, hereby authorize **National Advantage Ins. Svcs., Inc.**, to duplicate the attached, or otherwise provided check, in bank arch form.

POLICY NUMBER: _____

The transaction amount will be for exactly \$_____.
This authorization is valid for this transaction only.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement.

I understand this is a legal binding agreement between:

National Advantage Ins. Svcs., Inc., and, _____.

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, **National Advantage Ins. Svcs., Inc.**, will charge a returned check charge in the amount of \$25.

Authorized signature

date