



Anderson & Murison, Inc.  
P.O. Box 41911 Los Angeles, CA 90041  
(323) 255-2333 - Fax (323) 255-0957  
License No. 0323106

## AUTH TO DEPOSIT FAXED / EMAILED CHECK FORM

ATTENTION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_

This is to authorize Anderson & Murison to deposit the faxed image of our trust check via CHAX software.

\_\_\_\_\_  
PRODUCER SIGNATURE

\_\_\_\_\_  
DATE

Coverage will not be considered for binding unless above authorization is properly signed and executed. If you choose not to use this option, coverage will not be considered for binding until your trust check is received in our office. We cannot accept the insured's personal check with this form.

**DO NOT MAIL THE ORIGINAL CHECK - KEEP FOR YOUR RECORD**

**PLEASE FAX OR EMAIL YOUR CHECK AS A PART OF THIS PAGE.**

**PLACE (ATTACH) YOUR TRUST ACCOUNT CHECK HERE AND EITHER FAX OR EMAIL THIS FORM TO US. YOUR CHECK WILL BE WITHDRAWN FROM YOUR ACCOUNT WHEN YOU SIGN THE ABOVE AUTHORIZATION.**