



McLeckie Insurance Group

P O Box 770
Naples, Texas 75568

ACH/EFT Authorization Form

Instructions

1. Please complete the form by printing legibly with a dark pen or by typing directly onto the form.
2. Sign with the account holder's signature on the line indicated.
3. Include a photocopy of a void check.
4. Fax this form, along with the photocopy of the signed ACH/EFT form, back to us at **760-462-1696**.

Policy # _____

I, _____, hereby authorize **McLeckie Insurance Group**
 to charge my _____ account in the amount of \$ _____ + \$ -0- = _____
Processing Fee

Type of Account: Checking Account Saving Account

Account # _____

Account Routing # _____

Bank Name # _____

Checking/Saving Account Billing Address

Street: _____

City: _____, State: _____ Zip Code: _____

Telephone: _____

As the account holder, I hereby authorize the above charge(s)

Account Holder Signature _____ Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from fraud.
 All information entered on this form will be kept strictly confidential by **McLeckie Insurance Group**
Complete and fax all documents required to 760-462-1696