

JESS AKIN INSURANCE

FAX BANK DRAFT AGREEMENT

I authorize JESS AKIN INSURANCE to issue a Bank Draft to be deposited into their account based upon this faxed copy of check # _____ In the amount of \$ _____. I understand that funds in the above stated amount will be removed from my account upon deposit of this Bank Draft and that **I DO NOT NEED TO MAIL THIS ORIGINAL CHECK**

I understand that this is a legal and binding agreement between me/my firm and JESS AKIN Insurance. I also understand that if my check or fax draft is returned unpaid for any reason, including, but not limited to NSF, uncollected funds, invalid or closed account, stop payment or any other reason, Jess Akin Insurance will attempt to redeposit the item or items and may choose to assess a returned check charge to the same or separate draft for \$20.00.

Signature

Date

Attach Check Here

Fax Your check to: 281-955-8846 or e-mail to jakin@jessakin.com

Please call us if you have any questions.

JESS AKIN

Phone: 281-955-9540