



www.selectpremium.com

979.578.0688 • 102 N. Washington • El Campo, TX 77437

CHECK-BY-FAX FORM

FAX TO:  
979-578-8987

SENT BY:

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

We hereby authorize SELECT PREMIUM SERVICES, INC. to use this faxed copy of our Agency Check as an actual payable check for the below Insured's Account.

PLEASE FILL IN CHECK COMPLETELY

AND

WRITE "VOID" ON CHECK

AND

TAPE CHECK HERE OR ON A SEPARATE PAGE

AND

DO NOT MAIL ORIGINAL CHECK!!!!

Signature of Account Holder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

FOR CREDIT TO:

CHECK # \_\_\_\_\_

SPS ACCOUNT # \_\_\_\_\_

INSURED NAME \_\_\_\_\_

Amount (\$) \_\_\_\_\_

SCHEDULE PAYMENT	RETURN PREMIUM
<input type="text"/>	<input type="text"/>

(check only one)

NOTE: For same day posting, payment must be received by 3:00 PM (CST).

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