



## Electronic Payment Authorization Form

Please fax your payment to: (619) 814-8914

Or scan and email your payment to:

[accountsreceivable@atlas.us.com](mailto:accountsreceivable@atlas.us.com)

### HOW TO SEND YOUR PAYMENT:

1. Make your check payable to **Atlas General Insurance Services, LLC** for the amount due
2. Attach your signed check in the space provided
3. Sign and date the authorization form
4. Indicate your policy number
5. Fax to: (619) 814-8914 or scan to a readable file (.pdf .tif .jpg) and email to: [accountsreceivable@atlas.us.com](mailto:accountsreceivable@atlas.us.com)
6. Retain this form and the original check for your records

PLEASE ATTACH CHECK HERE

I authorize Atlas General Insurance Services, LLC (Atlas) to electronically debit the checking account identified on the attached check for the amount shown as an electronic fund transfer (EFT), completing the payment transaction as though the original check had been physically received. If Atlas is not able to complete this payment transaction because of reasons beyond our control, I understand any insurance coverage associated with this transaction may not be bound or otherwise provided.

Signature of Authorized Account Signer

Date