

e Check

(Do not mail the original check)
SPECIALTY RISK ASSOCIATES, INC
AMICKELSON@SRAMGA.COM

- () Audit Payment
- () Policy Payment
- () Statement Pay
- () Other: _____

NAME OF AGENCY: _____

POLICY #: _____

AMOUNT OF CHECK: \$ _____

CHECK #: _____

We hereby authorize Specialty Risk Associates, Inc. to use this email copy of our agency check as an actual payable check for the above insured's account.

AGENT: Please write "E CHECK" on the face of the check. Keep the original check in your file. Email the copy to the above email address.

Place original check here & make a copy

Signature of Agent

Date Signed