

Premium Payment Check by Fax

795 Franklin Ave, Suite 206 Franklin Lakes, NJ 07417 201-847-9175 phone 201-847-9174 fax www.axisins.com

FAX your payment for the annual Premium. Here is how:

- 1. Complete your check for the Annual Premium
- 2. Attach the check to this form (check must be completed and signed)
- 3. Sign the Authorization below
- 4. Fax to us at the number below along with the signed Claims Reporting Notice
- 5. Retain a clear copy for your records

* Attach your Check Here *

We input the information from your faxed check to create a duplicate pre-authorized bank draft with the same check number and same amount as the one you faxed. After it's deposited you'll receive it back from your bank along with your other cancelled checks. Keep the original check for your records.

We cannot accept non standard checks such as credit union checks, credit card or home equity line of credit checks. In the event they are returned a service charge of \$25.00 will be applied.

Fax to Axis Insurance Services, LLC @ 201-847-9174

on a one time basis per the	is account and this check authorizes y attached check for purposes of payin dless of the reason for return, is subje	ig our insu	rance pre	miums. A
Your signature		Date _	/_	/
I understand that the cove documents which I a	e quote provided and understand the erage offered is subject to the receipt agree to provide prior to binding. Ple	of addition ease bind co	nal inform overage fo	or:
	Annual Premium:_			
Deductible:				
	e as the total premium please explain (v			tallments/

Please note: Submission of this check does not constitute binding of your coverage. You will receive notification of your binding or if additional information is required or if your account has been declined by our carriers.