

CRAFTSMAN FINANCIAL SERVICES

FAX (916) 361-7168

Check By Fax Authorization Form

If you are faxing a check, please fill out the requested information.

Please fax this in by 3:00pm for it to be processed on the same day.

Name of Policy Holder: _____

Craftsman Account #: _____

I hereby authorize Craftsman Financial Services to use a faxed copy of my check as an actual payable check.

Account Holder: _____ Date: _____

PLEASE SIGN

Place copy of check in this area.

Please write "Check By Fax" in memo section on check

Make check payable to Craftsman Financial Services

Keep original check as a receipt
