



## Receipt for preauthorized check payment on Commerce Insurance Policies

I request and authorize payment to Commerce Insurance Company in the amount listed below by preauthorized check drawn on my account for this transaction only.

CIC Policy Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_ .

Name of Policyholder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Transit / ABA#	Bank Account Number:	Check #										
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Accountholder's name: (only if different than policyholder name)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_