

Proposed Insured Name: \_\_\_\_\_

Single Check Payment



I authorize CannGen Insurance Services to initiate debit entries to the account indicated below at the depository named below

Your payment of \$  will be debited from your account provided.

- ACH debits will be processed same day and debited from your provided account immediately.
- No filings or proof of insurance can be issued until the ACH transaction is complete (debit processed and deposited into CannGen Insurance Services account).
- Returned/rejected debits for any reason will result in legal action and will include a \$25 return item fee.
- All coverage will be rescinded in full if ACH is returned/rejected.

Banking Institution: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Account Name: \_\_\_\_\_

Business DBA: \_\_\_\_\_

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

**Place Check Here**  
**Check Copy Required.**

Check Payment  
(Pre-Authorized).



I authorize CannGen Insurance Services to initiate debit entries to the pre-authorized account for payment.

Your payment of \$  will be debited from your pre-authorized account.

Agency Name: \_\_\_\_\_

Business DBA: \_\_\_\_\_

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