



Evolution Insurance Brokers
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-678-7342 • Fax 801-304-5551

**PAY BY WIRE, FAX,
OR MAIL**

**YOUR COVERAGE WILL BE BOUND ON THE DAY WE RECEIVE
YOUR FUNDS, OR ON YOUR PRESENT EFFECTIVE DATE.**

Insured: _____ Customer #: _____ Quote #: _____

Insured's Address: _____

Broker: _____ Broker Account #: _____

You may send your payment by any of the following methods:

BANK WIRE	CHECK VIA OVERNIGHT OR EXPRESS MAIL	CHECK BY FAX
Account Name: EIB in c/o Insurance Exchange Brokerage Services Bank Name: Bank of American Fork 650 East 12300 South Draper, UT 84020 Telephone: 801-428-0532 Routing No.: 124301025 Account No.: 07110224	EIB 8722 S. Harrison St. Sandy, UT 84070	Fax: 1-801-304-5551 E-mail: ar@eibdirect.com Phone: 1-877-678-7342

CHECK:

Checks received may be processed electronically. The Company, through its bank, has the ability to provide EFT (Electronic Fund Transfer) checks for processing rather than submitting a paper copy of the check to the bank. Funds transfer in the same manner if transacted electronically or by submitting a paper check to the bank, except funds transfer the day the information is received with electronic processing rather than within a few business days with a paper check. Electronically processed transactions appear on your bank statement just as hand submitted checks do. Charge will appear as "Prime Insurance Services."

CHECK BY FAX:

1. Make out physical check, payable to Evolution Insurance Brokers. Date and sign the check, but do not mail it.
2. Complete and sign the authorization, giving us permission to convert check to an Automated Clearing House (ACH).
3. Tape the check to this form, where indicated at the bottom. Fax this form and check to 877-452-6910.
4. Keep this form and original check. DO NOT MAIL IT.

TAPE ORIGINAL CHECK HERE

Be sure to include a copy of your Indication Quote with your fax transmission. If you choose to use a payment plan through Greenlight Premium Finance Company, then also sign and send in the Finance Estimate form.

SERVICE FEE:

The Company reserves the right to collect directly from your account a processing fee of \$25 for any incomplete transaction due to insufficient funds in your account (i.e. a "bounced check").

AUTHORIZATION

I, the undersigned on behalf of the Named Insured, authorize Evolution Insurance Brokers to charge the account as indicated above.

Signature and Title _____ Dated: _____

Print Name and Title _____