

# GLADIUS INSURANCE SERVICES, LLC.

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Phone: (877) 587-4999

## DRAFT CHECK AUTHORIZATION FORM

I, \_\_\_\_\_, authorize Gladius Insurance Services, LLC. to use my copy of check # \_\_\_\_\_ or banking information below, in the amount of \$ \_\_\_\_\_ as a draft check. This draft will be debited automatically from my account. I understand that I presently have these funds available in my account to process this draft. This is to be done on a one time only basis. This draft authorization is solely for the purpose of a service of Gladius Insurance Services, LLC. Please place your check in the box below, or enter your banking information, then email to [hailey@gladiusins.com](mailto:hailey@gladiusins.com) or submit Online [www.gladiusins.com](http://www.gladiusins.com).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Policy Number: \_\_\_\_\_

**ATTACH CHECK HERE  
or provide**

**Acct#**

**Rttg#**

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

**Name on Check:** \_\_\_\_\_

\*\*\*I understand that 25% of the policy premium including all taxes and fees are fully earned upon binding coverage and are **NON-REFUNDABLE.**\*\*\*