

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 Nicole@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.**