



Binder Payment Form
(use in lieu of a physically mailed check)

Company Name _____

Address _____

Bank Account Number _____

Bank Routing Number _____

Checking Savings

Bank Name _____

Bank Address _____

Insurance Binder Payment Amount \$ _____

CBIA Dues Amount (if applicable) \$ _____

I authorize CBIA Service Corp. to debit the account specified above for payment of insurance binder and membership dues. I understand that I must notify CBIA Service Corp in writing if the account information changes, or to stop this authorization to bind coverage. I also understand that CBIA Service Corp. may charge a \$25 fee per instance if there are insufficient funds in the specified bank account to cover the amount due when the direct debit transaction occurs.

Signature _____ Date _____

Print Name and Title _____

Phone _____

Attach copy of a VOIDED check here

Submit this form with other new business paperwork.