

# *Flynn Insurance Agency, Inc.*

*Flagship Wharf - Suite 900*

*197 Eighth Street*

*Charlestown, MA 02129*

*(617) 242-1200*

*Fax (617) 242-6086*

*(800) 462-0087*

## Pre-Authorized Check Payment

Bank/ABA Number: # \_\_\_\_\_

Bank Account Number: # \_\_\_\_\_

Check Number: # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**-Please fax a copy of the voided check along with this form.**

**-Please retain a copy of the voided check for your records. Do not submit the check to insurer.**

Enter name and address of insured:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Signature

Enter Name and address of account holder **if different** from policyholder

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Signature