



Check By Fax – Direct Bill (Commercial)

(Checks only - No money orders or bank drafts)

Cut off time for each day is 3:00 pm CST.
Checks received after that time will be posted the next day.

Fax to (800) 441-9725 or E-mail to PremBill@hallmarkgrp.com

Please retain your fax confirmation as proof of submission.

If your policy has cancelled, our receipt of this form does not guarantee reinstatement.
Reinstatements of cancelled policies are subject to Underwriting approval.

Submission of this form authorizes American Hallmark Insurance Services, Inc. to create a duplicate check to be deposited in the account indicated below for payment of insurance premiums.

Your Information (Please print legibly in black or blue.)				
Date				
Policy # (list all to which this check applies)				
Name on Policy				
Person Completing Form		Phone #		
Authorized Signature				
Check Information (Or attach check in space below)				
Pay To	American Hallmark		Clarendon	
Name on Account				
Address				
City		State	ZIP	
Bank Name				
Check # (Void this #)	(Do not mail this check to us)			
Routing Number				
Account Number				
Amount				

