

SUTTER Insurance Company

CHECK-BY-FAX AUTHORIZATION FORM

Phone: 1-800-530-1124 Option #2 (Commercial Auto Customer Service)

Fax: (707) 793-1066

3 EASY STEPS:

1. FILL OUT THIS FORM COMPLETELY
2. ATTACH A CHECK COPY
3. FAX TO: 1(707)793-1066

FOR INTERNAL USE ONLY

How Received: _____

Sutter Initials: _____

Confirmation: _____

NAME, ADDRESS, CITY, STATE, ZIP THAT IS PRINTED ON CHECK

NAME: _____	DATE OF PAYMENT: _____
ADDRESS: _____ _____ _____	
POLICY #: _____	BANK: _____
CHECK #: _____	EMAIL: _____
PHONE #: _____	ROUTING #: _____
AMOUNT: _____	BANK ACCOUNT #: _____

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ	Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ
Bank Routing Code	Bank Account Number

Place Copy Of Check Here
Or Fax On Separate Page

I authorize the Sutter Insurance Company ownership to draft the account listed above for the amount listed above.
I confirm that the funds are available for immediate payment.

Sign _____ Date _____