

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: _____

Signature