



Check By Phone

Amount of Payment: _____
E-Check Fee: **\$5.00**
Total: _____

Check Number: _____

Integra Premium Finance Acct# _____
Name and Address of Integra Premium Finance Account Holder: _____ _____ _____
Daytime Phone: _____ Cell Phone: _____
Insured's E-mail Address: _____
Insurance Agency Name: _____

Financial Institution: _____
Address, City, State: _____
Checking Account #: _____
Transit/ABA #: _____

Person Completing Form: _____

Date: _____