

# *e* Check

**(Do not mail the original check)**  
**SPECIALTY RISK ASSOCIATES, INC**  
**AFULCO@SRAMGA.COM**

- ( ) Audit Payment
- ( ) Policy Payment
- ( ) Statement Pay
- ( ) Other: \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

AMOUNT OF CHECK: \$ \_\_\_\_\_

CHECK #: \_\_\_\_\_

We hereby authorize Specialty Risk Associates, Inc. to use this email copy of our agency check as an actual payable check for the above insured's account.

AGENT: Please write "E CHECK" on the face of the check. Keep the original check in your file. Email the copy to the above email address.

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**Place original check here & make a copy**

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Signature of Agent

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Date Signed