

DELTA FAX PAYMENT AUTHORIZATION

Complete the information requested below, attach the check, and fax to **713-570-2800** or **800-666-0345**

POLICY / PAYMENT INFORMATION

WHO ARE YOU PAYING?

- Delta Finance of Texas (DFOT)
- Delta Lloyds Insurance Company (non-Flood)
- Delta General Agency

INSURED: _____

POLICY #: _____

NOTE # (DFOT only): _____

DUE DATE: _____

- DOWN PAYMENT TOTAL PREMIUM
- MONTHLY INSTALLMENT
- PAYMENT ON AGENT ACCOUNT CURRENT

CHECK INFORMATION

Please complete the following information in case the Check does not fax clearly:

Today's Date: _____

Routing #: _____

Account #: _____

Bank Name: _____

Check #: _____


Name on Check: _____

Amount of Payment: _____

TAPE CHECK IN THIS AREA PRIOR TO FAXING

⇒ NO PAYMENT WILL BE PROCESSED UNLESS THE CHECK IS COMPLETED AND ATTACHED! ⇐

(TAPE)



John Insured
713-999-9999 TDL 99999999
1313 Plaza Way
Houston, TX 77057

99-999 TX
9999

Date _____

1973

Pay to the order of **DELTA** \$ **Check #** _____

Dollars

BANK
00642 TX

For _____ **Account #** _____ MP

⑆ 999999999 ⑆ 00 99 19 99 9999 ⑆ 1973

Routing # - starts & ends with transit codes

RESTRICTIONS / REQUIREMENTS:

- Pre-Printed Bank Checks only – We cannot accept faxed cashier checks, money orders, travelers checks, multi-party, temporary or counter checks.
- Agent should void check after faxing and keep this form with attached check on file.
- Checks **MUST** be made payable to "DELTA".
- DO NOT MAIL CHECKS ONCE FAXED!**

ADDITIONAL INFORMATION

Use of this form authorizes Delta to accept the attached check as payment on the Insurance Policy detailed above.

Person Faxing: _____ Phone: _____

Agent Name: _____

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