



CHECK-BY-FAX FORM

ATTN: Accounts Receivable
FAX TO: (949) 253-0924

This Check-by-Fax form provides a convenient way for you to expedite payment to BEST Life and Health Insurance Company (“BEST”). Execute a check payable to BEST Life and Health Insurance Company for the full amount of your invoice, as well as any penalties due. Attach the check to this form in the location below.

PLEASE ATTACH YOUR CHECK HERE

Complete the information requested on this form, including a signature authorizing BEST to accept and negotiate the facsimile copy of the check in place of the actual check. Fax the document and the attached check to the above provided fax number. To ensure same day posting, the fax copy must be received by 3:00 p.m., PST. Facsimiles received after 3:00 p.m., PST may be posted the following business day. **DO NOT MAIL THE ORIGINAL CHECK.**

I authorize BEST Life and Health Insurance Company to accept the check above and to debit the bank account indicated according to the instructions on the draft/check

FAXING THIS FORM CONSTITUTES YOUR AUTHORIZATION TO NEGOTIATE THE FACSIMILE CHECK. THE SIGNATURE ON THE CHECK MUST MATCH THE SIGNATURE ON THE FORM.

Checking Account No.:

Check No.: _____

Name and Contact Phone No.: _____

Invoice No.: _____

Insured Name: _____

Signature: _____