



Salt Lake City Area Office  
 8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 800-257-5590 • Fax 877-452-6910

Chicago Office  
 303 W. Madison Street Suite 2075  
 Chicago, IL 60606  
 800-456-4576 • Fax 888-408-8081

**PAY BY WIRE, FAX,  
 OR MAIL**

**YOUR COVERAGE WILL BE BOUND ON THE DAY WE RECEIVE  
 YOUR FUNDS, OR ON YOUR PRESENT EFFECTIVE DATE.**

Insured: \_\_\_\_\_ Customer #: \_\_\_\_\_ Quote #: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

Broker: \_\_\_\_\_ Broker Account #: \_\_\_\_\_

**You may send your payments by any of the following methods:**

BANK WIRE	CHECK VIA OVERNIGHT OR EXPRESS MAIL	CHECK BY FAX
Account Name: Insurance Exchange Brokerage Services ("IEBS") Bank Name: Zions Bank 10 East South Temple Suite 1500 Salt Lake City, UT 84133 Telephone: 801-524-2161 Routing No.: 124000054 Account No.: 002246726	IEBS 8722 S. Harrison St. Sandy, UT 84070	Fax: 877-452-6910  E-mail: <a href="mailto:ar@primeis.com">ar@primeis.com</a>  Phone: 800-257-5590

**CHECK:**

Checks received may be processed electronically. The Company, through its bank, has the ability to provide EFT (Electronic Fund Transfer) checks for processing rather than submitting a paper copy of the check to the bank. Funds transfer in the same manner if transacted electronically or by submitting a paper check to the bank, except funds transfer the day the information is received with electronic processing rather than within a few business days with a paper check. Electronically processed transactions appear on your bank statement just as hand submitted checks do. Charge will appear as "Prime Insurance Services."

**CHECK BY FAX:** To use this payment system, please fax or call IEBS with the following information:

Bank Name and Address: \_\_\_\_\_

Bank Routing No. (usually 9 digits): \_\_\_\_\_ Account No.: \_\_\_\_\_

Amount of Check: \_\_\_\_\_ Check No. : \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date Authorized: \_\_\_\_\_

Date of Check: \_\_\_\_\_ Requested Effective Date of Coverage: \_\_\_\_\_

Be sure to include a copy of your Indication Quote with your fax transmissions. If you decide to use a payment plan through Greenlight Financing Company, then please also sign and send in the Finance Estimate form.

**SERVICE FEE:**

The Company reserves the right to collect directly from the your account, a processing fee of \$25 for any incomplete transaction due to insufficient funds in your account to cover the transaction (i.e. a "bounced check").

**AUTHORIZATION**

I, the undersigned on behalf of the Named Insured, authorize Insurance Exchange Brokerage Services to charge the account as indicated above.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature and Title

\_\_\_\_\_  
 Print Name and Title