

# CAPITOL

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## PAYMENT PLAN

**Capitol Payment Plan** is pleased to offer **Check By Web** for our agents. There will be **no charge** for agents to use this service. Complete the information below and fax it back with a copy of a voided check to have your bank information defaulted. If you have any questions regarding Check By Web contact Steven Calick at 800-932-7972 ext 2241.

Agency Name: \_\_\_\_\_

Account in View User ID: A \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*(Please advise if address is case sensitive & also when to use alpha or numeric)*

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**PLEASE ATTACH COPY OF VOIDED CHECK**

***Insurance Premium Financing***