

DIRECT BILL SWEEP ACCOUNT FORM

FAX: (847) 758-9685 <u>ATTN: ACCOUNTING</u>

BROKER NAM	1E:		DATE:	
BROKER	#:			
POLICY #	INSURED'S NAME	ADDRESS	PAY CODE \$ AMOUNT	
			\$	
			\$	
			\$	
			¢	

PAY CODES:

- 1 = NEW BUSINESS DOWN PAYMENT
- 2 = INSTALLMENT
- 3 = REINSTATEMENT
- 4 = ENDORSMENT
- 5 = RENEWAL DOWN PAYMENT