

_____, hereby approve Atlas Insurance Agency, Inc., to apply funds from premium refund check # _____, dated _____ to the following policies:

	<u>Policy #</u>	<u>Policy Period</u>	<u>Coverage</u>	<u>Invoice #</u>	<u>\$ Amount</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

Authorized by:

Signature

Date

Name

Title