American Freedom Insurance Company
1699 Wall St., Suite 600, Mount Prospect, IL 60056
Phone: (847) 758-9300

DIRECT BILL SWEEP ACCOUNT FORM

FAX: (847) 758-9685

ATTN: ACCOUNTING

BROKER NAME: _____ **DATE:** _____

BROKER #: _____

POLICY #	INSURED'S NAME	ADDRESS	PAY CODE	$ AMOUNT
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			TOTAL AMOUNT TO BE SWEPT	$

PAY CODES:

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