

Payment Guarantee Fax Form

To ClassicPlan Fax # 909-628-5490

This Agency requests immediate application of the amount(s) indicated below to our insureds loan account(s) with ClassicPlan. The customer has made payment to this Agency in the amount shown. We guarantee prompt payment to ClassicPlan with issuance of our Trust check.

*****Please note: For same day processing this form must be received by 4:00 p.m.**

ClassicPlan Account Number	Insured/Borrower Name	Payment Amount(\$)	ClassicPlan PG Control Number*
Date	Total:		

Producer
 NAME:
 ADDRESS:
 TELEPHONE:
 FAX NUMBER:
 CLASSICPLAN CODE #:

* CLASSICPLAN WILL FAX A RECEIPT OF THIS FORM TO PRODUCER WITH PG CONTROL NUMBER(S) INSERTED. PLEASE INDICATE THIS NUMBER ON YOUR TRUST CHECK OR SEND A COPY OF THE RECEIPT WITH YOUR REMITTANCE