

# RJMcClain Insurance Agency, LLC

## SMS Opt- IN Form

I \_\_\_\_\_ utilizing mobile number \_\_\_\_\_ choose to participate in your  
(customer name)

Agency's messaging service. By e-signing this form I am choosing to opt-in to the messaging service for the use of communication regarding my policy and coverage information and communication request for additional services that may be needed in relation to insurance and financial service with the RJMcClain Insurance Agency.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date of Signing