



ACH Debit Authorization

Authorization Agreement For Direct Payments

Please complete this form in full (print), sign it, and fax it to (478) 825-3291, along with a voided check. However, you MUST follow-up by mailing the signed original, along with voided check to: Allen Insurance Group, P.O. Box 1439, Fort Valley, GA 31030.

COMPANY NAME: _____

COMPANY ACCOUNT NUMBER: _____

I (we) hereby authorize ALLEN INSURANCE GROUP, INC. to initiate debit entries to my (our) checking / savings accounts indicated below at the financial institution named below and to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION: _____

BRANCH: _____ CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER (9 digits): _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Checking Account Savings Account

This authority is to remain in full force and effect until ALLEN INSURANCE GROUP, INC. has received written notification from me (us) of its termination in such time and in such manner as to afford ALLEN INSURANCE GROUP, INC. and the financial institution a reasonable time to act on it.

NAME(S): _____ SIGNATURE: _____

ADDRESS: _____ DATE: _____

SAMPLE

JEFFREY MABLE
SUZANNE MABLE
133 FLAIR STREET
WILLIAMSBURG, VA 23020

_____, 2012

123456

Pay To The
Order Of: _____ \$ _____
DOLLARS

Capital Bank and Trust
Williamsburg, VA 23020

EOR: _____

ROUTING NUMBER: 0254592613
ACCOUNT NUMBER: 5983661101

123456

Funds may only be drawn from a U.S. bank. Should you have any questions, please contact our Accounting Department at (478) 825-5566.