



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Agency Name: _____

If agency has multiple offices please list which branch: _____

Agency's Bloss & Dillard Agency account number: _____

Company ID (FEIN) Number: _____

Referenced Applicant and or Insured: _____

Policy Number (if applicable): _____

I (we) hereby authorize Bloss & Dillard Inc hereinafter called COMPANY, to initiate a debit entry to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is for the above referenced applicant and/or insured only and does not give Bloss & Dillard Inc authority to debit the below referenced Checking/Savings account for other applicants and/or insured's.

BELOW INFORMATION SHOULD BE YOUR RETAIL AGENT'S BANK/ACCOUNT INFORMATION AND NOT THE APPLICANT/INSUREDS INFORMATION.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____ Amount: _____

Name: _____
(Please Print)

Signature

Date