

Electronic Funds Transfer (ACH Authorization)

_____ (Company Name) authorizes American Liberty Insurance Company to initiate electronic entries for the purpose of workers' compensation policy premium payments. These payments will follow the payment plan as outlined on my quote or renewal documents. Debit entries and adjustments for any credit entries will be initiated to:

Type of Bank Account

- Checking Account
 Savings Account
 Business/Commercial Account

Banking Information (If handwritten a voided check is required)

Bank Name: _____

Bank Address: _____

Bank City, State & Zip Code: _____

Bank Routing Number: _____

Account Number: _____

Account Name: _____

Please Select one of the Following Payment Options:

One Time Charge <input type="checkbox"/> (check if applicable)	Charge the bank account listed above once for the following dollar amount: Charge the bank account listed above once to pay for the following invoice # (s)
On Going Charges <input type="checkbox"/> (check if applicable)	Charge the bank account listed above as invoices become due for services provided each pay cycle for all contracts between American Liberty Insurance Company, Inc. and:

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that if the on-going authorization is selected, they may discontinue payment by check at any time by provided written notice to American Liberty Insurance Company. Applicant also agrees to provide notice to American Liberty Insurance Company, should they wish to terminate any ongoing agreement to pay for services via check. Applicant acknowledges that invoices may cover late fees, cancellation fees, reinstatement fees, audit balances etc. Applicant acknowledges that a \$25 fee will be assessed for insufficient funds or inaccuracy of provided payment information resulting in a failed payment transaction.

This authorization is to remain in full force and effect; I understand that I may cancel this authorization at any time in writing to American Liberty Insurance Co.

I acknowledge that the origination of ACH transactions must comply with the provisions of the U.S. Law.

I, the undersigned, represent that I am duly authorized to represent the company listed above and that I agree to the terms and conditions listed.

Authorized Signature: _____ Printed Name: _____ Date: _____

OFFICE USE ONLY:

AUTHORIZATION #: _____ DATE: _____