



WCF Insurance
 100 West Towne Ridge Parkway, Sandy, UT 84070
 800.446.2667 | www.wcf.com

Authorization Agreement for Automatic Payments (ACH Debits)

Company Name	Account Number
Phone Number	Email Address

Initiate New Authorization Agreement Change an Existing Authorization Agreement

IMPORTANT TERMS

This agreement will remain in force for as long as the policy is in effect and will continue each renewal year unless terminated. If the policy is canceled, this agreement will be suspended. If the policy is reinstated, this agreement will be reinstated.

Premium developed by audit will not be paid as part of this agreement.

I authorize WCF Insurance to initiate ACH debits from the checking account savings account (select one indicated below).

I acknowledge that the debits will be for premium installments only.

I acknowledge that the origination of ACH transactions to my account must comply with United States law.

Financial Institution	Branch	
City	State	Zip

Individual Business Account (select one)

Routing Number	Account Number
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This authorization will remain in full effect until you notify WCF Insurance, in writing, that you want to terminate it. After receiving written notification, WCF Insurance and your financial institution may take up to 30 days to process the termination. WCF Insurance may terminate this agreement at any time.

Name(s) _____ Title(s) _____
(please print)

Signature(s) _____ Date _____

If you have questions about this form, please contact the WCF accounting department at 385.351.8030 (toll free at 800.446.2667 ext. 8030) email the accounting department at finance@wcf.com, or fax 385.351.8111.

Internal Use Only	Account Number
Date Received	Date Entered
Received By	Entered By
Comments/Changes	