

### 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) \_\_\_\_\_ (please print) Title(s) \_\_\_\_\_

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](mailto:finance@wcf.com), or fax 385.351.8111.

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

\* Insurance coverage in all states other than Utah is provided by WCF National Insurance Company, formerly known as Advantage Workers Compensation Insurance Company, a wholly owned subsidiary of WCF Mutual Insurance Company. WCF National Insurance Company is domiciled in Utah; NAIC No. 40517. Administrative office: P.O. Box 571918, Salt Lake City, UT 84157-1918.