

Authorization Agreement for Automatic Payments

Company Name	Account Number
Phone Number	Email Address

Line(s) of business (select all that apply): Workers' Compensation Businessowners Policy EPLI

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. If applicable, future premium developed by audit will not be paid as part of this agreement.

I authorize WCF Insurance* to initiate automatic payments/ACH debits from a (select one): checking account savings account

I acknowledge that the automatic payments/ACH debits will be for premium installments, payment arrangements, and issued final audit invoices only. By signing below, I acknowledge that the origination of ACH transactions to my account must comply with United States law.

Financial Institution	Branch	
City	State	Zip

Select one: Individual account Business account

Routing Number	Account Number
----------------	----------------

This authorization will remain in effect until you notify WCF Insurance in writing or through the "Set Up Automatic Payments" application that you want to terminate it. After receiving the 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 _____ Title _____

Signature _____ Date _____

If you have questions about this form, please contact the WCF Insurance Accounting department by calling (385) 351-8030 or (800) 446-2667 ext. 8030), emailing finance@wcf.com, or faxing (385) 351-8111.

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