



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

## Authorization Agreement for Automatic Payments (ACH Debits)

Company Name	
Policy Number	Coverage Effective Date

☐ 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 continuous renewal year unless terminated. If the policy is canceled, this agreement is also suspended. If the policy is reinstated, this agreement is also 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 \_\_\_\_\_  
( please print )

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

If you have questions about this form, please call our accounting department at 385.351.8030 or toll free at 800.446.2667 ext. 8030, or you can email the accounting department at [finance@wcf.com](mailto:finance@wcf.com). The accounting fax number is 385.351.8111.

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