

## Electronic Payment Authorization 21<sup>st</sup> Century General Agency Inc.

I authorize 21<sup>st</sup> Century General Agency Inc. to initiate deductions from my bank account. I authorize the financial institution listed below on this form to accept the deductions initiated by 21<sup>st</sup> Century. I do certify that I have and will maintain an active checking account at the financial institution listed and that I will maintain sufficient funds to pay all appropriate debit entries. Deductions can only be made in US funds from banks located in the United States. **NOTE there will be a \$35.00 charge for all insufficient debits.**

I provide this authorization subject to the following conditions:

- All deductions for funds due 21<sup>st</sup> Century will be made from the designated bank account listed on this form.
- Said insured shall have the right to change bank accounts at any time. In order for the change request to be processed, a new payment authorization form must be received. 7 business days should be allowed for the change to be processed.
- All deductions will be made 2 business days after the assigned due date of the monthly payment.
- In event of a company error, 21<sup>st</sup> Century shall refund the erroneous deduction within 2 business days of being notified.

### Financial Institution

_____		
Name of Financial Institution	Name of Account Holder	
_____		
Street Address of Financial Institution	Branch	
_____		
City	State	Zip
_____		
Bank Phone Number _____		
Transit/ABA Number _____		Account Number _____
(Transit# must be 9 digits, start with 1, 2, or 3 and be all numbers)		(Must be Checking, not Savings)

### Insured Information

_____		
Name	Address	
_____		
Policy Number	Phone Number(home/work)	E Mail Address
_____		
Signed _____		Dated _____