

## UNITED BUSINESS INSURANCE COMPANY

## **Authorization Agreement for Automatic Draft**

I (we) hereby authorize United Business Insurance Company to initiate monthly deductions from my (our) account, identified below, for payment of premium on the insurance policy issued to me (us) by United Business Ins Co. I (we) authorize the financial institution named to accept and post entries to my (our) account.

I (we) understand that all payments will be processed as an electronic funds transfer and will be made based on the payment schedule. If the due date falls on a date that is not a business day, the applicable date shall be the following business day.

I (we) understand that this authorization allows United Business Ins. Co. to adjust the monthly deductions to reflect any premium changes. Additional premium resulting from the final premium audit will be drafted on the audit invoice due date. I (we) understand that any refunds due on the policy listed below as the result of an audit will be refunded by check and not through electronic transfer.

I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to United Business Ins. Co. of a request to terminate this authorization.

I (we) understand that if payment is dishonored by the bank designated below from the account specified this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced.

## **Bank Information**

Banking information must be received for payments to begin to withdraw automatically. If banking information is not received timely, the policies listed below could be cancelled for non-payment.

This authorization will remain in effect until I (we) provide written notice to United Business Ins. Co. of its termination in such time and in such manner as to afford United Business Ins. Co. a reasonable opportunity to act on it.

Policy Number: (Example: 02500000XXXX120)	
Name on Policy:	
Name on Checking Account:	
Reason for submitting form:	
I wish to set up a new EFT account.	
I need to change my current EFT account.	
Please cancel my EFT account.	
Routing #:	
Account #:	
Please allow five (5) business days for processing of this authorization. To ensure accuracy, please attach a voided check.	
Signature:	Date:
Insured Email Address:	
Please allow five (5) business days to process	
Attach a sample check deposit slip	
Please e-mail or mail this form to: dphillips@united-business.us	