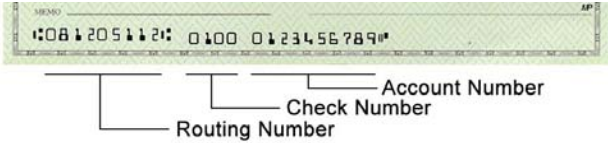


UBIC - GET COMP!

UNITED BUSINESS INSURANCE COMPANY

I (we) hereby authorize United Business Insurance Company, to initiate payment credit entries to my (our) checking account indicated below and the depository institution (Bank) named below, to credit the same to such account. Please note: The numbers located at the bottom of your check are as follows:



Name on Account

Type of Account

Savings

Checking

Bank Name

Bank Routing #

Bank Account #

This authorization is to remain in full force and effect until United Business Insurance Company has received written notification from me (us) of its termination in such time and in such manner as to allow United Business and the bank a reasonable opportunity to act on it.

Agency Name

Phone Number

Contact Name

Fax Number

Address

Email Address

City, State, Zip Code

You are choosing to have your commissions electronically transferred into your account, your monthly commission statement will be emailed to an individual in your office. Please indicate the email address below for the individual authorized to receive the statement:

E-mail (required)

Please sign and date this document below:

Name (please print):

Title (please print):

Signature:

Date: