

# LINKS

## INSURANCE SERVICES

### CHECK/DRAFT ACH PRE-AUTHORIZATION FORM & AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER MONTHLY INSTALLMENT PLAN

By signing below, I hereby agree to the terms and conditions of this authorization agreement as follows: As the Named Insured, I hereby authorize the Company to electronically deduct monthly installments for payment of my insurance policy premiums, subsequent renewal down payment and monthly installments. I hereby authorize the Financial Institution indicated below to accept and post these transactions to my account, shown below. All payments will be deducted from my account on the "Installment due date" indicated on the installment premium notice.

I authorize the Company to adjust said transactions to reflect any premium changes and policy renewals. The Company agrees to notify me, at least 10 days in advance, in the event that the electronic transaction will be greater than the previous electronic transaction.

In the event that my Financial Institution or account number changes, I acknowledge that 3 business days advance notice must be given to the Company before the changes take effect.

This authorization will remain in effect until I provide written notice to the Company of its termination. I understand that, in the event I decide to terminate this payment method, I must advise the Company at least 3 business days prior to the installment due date. In the event that I do terminate it, I understand that I continue to be obligated to make the current payment due as outlined on the payment schedule, and my bill plan and premium may change, requiring a larger down payment and different installment payments.

In the event that this enrollment occurs after the inception of the policy, we will debit your account the amount reflected on your **current** invoice, as long as we receive the authorization form at least 3 business days prior to the current due date.

I understand and agree that an installment fee will be charged and deducted with each monthly installment payment. I further understand that if my financial institution does not honor any payment, an NSF fee will be assessed to the balance due on my policy. For the specific amount of each fee, please contact your producer or call the Company at 1-866-895-5465.

To ensure accuracy, please attach a sample check and mark it as VOID. Customers of credit unions should verify their account numbers as some credit unions use different account numbers than the numbers printed on the checks.

*Please fill all the fields, print or type*

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION (BANK): \_\_\_\_\_

ROUTING/TRANSIT/ABA#: \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_

NAME ON CHECKING ACCOUNT: \_\_\_\_\_

**AUTHORIZED  
SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

Understanding those numbers at the bottom of your check

1. Your Routing/Transit/ABA Number is between the symbols. It's a 9 digit number.

Ⓜ 0 1 2 3 4 5 6 7 8 9

2. Your bank account number is usually to the right of the Routing number and may be up to 17 digits in length. It is followed by a symbol. Ⓜ 0 1 2 3 4 5 6 7 8 9

Phone: 866-895-5465 Fax: 866-381-4546

[www.linksinsuranceservices.com](http://www.linksinsuranceservices.com)

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