



**ACH PAYMENT AUTHORIZATION FORM**

I (we) authorize Frank Winston Crum insurance Company ("FWCI") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits<sup>1</sup>) as follows:

One Time Draft       Ongoing Draft

Checking Account

Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Amount to Draft: \$ \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_ (cannot be after the policy effective date or a weekend/holiday)  
**(Please attach a voided check to assist us in verifying your account information)**

Policy Information: (If this authorization applies to more than one policy #, please complete all required information requested below for each policy)

Policy #: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

By signing this form below, I give FWCI permission to debit my (our) account for a one-time payment of the amount indicated on or about the date below. I certify that I am an authorized representative of the Company/Individual indicated above and that I have the authority to authorize this payment on the Company's/Individual's behalf. Company/Individual understands that because this is an electronic transaction, these funds may be withdrawn from its/his account as soon as the above-noted transaction date, and that it will have limited time to report and dispute errors. Company/Individual has certified that the above business/individual bank account is enabled for ACH transactions, and agrees to reimburse FWCI for all penalties and fees incurred as a result of Company's/Individual's bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Both parties agree to be bound by NACHA Operating Rules as they pertain to this transaction. Company/Individual agrees not to dispute this transaction with it's/his bank provided the transaction corresponds to the terms indicated in this authorization form. Except to the extent that Federal law is controlling, your rights, FWCI's rights, and the terms of this Agreement will be governed in all respects by Florida law. Authorization will remain in full force and effect until I (we) notify FWCI in writing, by fax, or by electronic mail, that I (we) wish to revoke this authorization. I (we) understand that FWCI requires reasonable (at least three (3) days) prior notice in order to revoke this authorization.

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*\*Temporary Checks cannot be used for drafts. Checks must have Name and Address Preprinted. If you have questions, please feel free to call FastComp Customer Service at 800-476-2948.*

<sup>1</sup> The NACHA Operating Rules do not require the consumer's express authorization to initiate reversing entries to correct erroneous transactions.