DEBIT AUTHORIZATION

I (we) hereby authorize InsureScan MGA , hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for insurance policies. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____

Financial Institution Branch

_____

Address

_____

City/State/Zip

_____ _____

Routing Number Account Number

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): Total amount collected by the agent and due to Company for each policy, including premium and applicable fees.

Frequency (Weekly, Monthly etc.): Daily Start Date (if recurring): _____

Date of Debit (s): Upon Insurance Premium paid by Cash or Cashier's Check

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has received notification from me (us) of its termination. Termination of authorization must be in writing by mail to PO Box 3005 Auburn, AL 36801 and must be received at least ten (10) days prior to the proposed effective date of the scheduled entry.

_____

Print or Type Individual Name and Title

_____

Print or Type Business Name

_____

Signature

_____

Date