

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

I (we) hereby authorize Multi-State Insurance Services as administrator for Nations Insurance Company to initiate electronic debit and credit entries to my (our) checking account identified below. This authority pertains to payment of premium on the insurance policy and any renewals thereof, issued to me (us) by Multi-State Insurance Services, LLC. I (we) understand that this authorization allows Multi-State Insurance Services to adjust the debit and credit entries to reflect any premium changes including policy renewals. I (we) understand that this authorization allows Multi-State Insurance Services to deduct from my (our) checking account any amount due including earned premiums should my (our) insurance coverage be canceled for any reason.

I (we) understand that both the financial institution and Multi-State Insurance Services reserve the right to terminate this payment plan and/or my (our) participation therein at any time. Invalid account information or non-sufficient funds will result in automatic termination of the EFT and will require that all subsequent payments be mailed to Multi-State Insurance Services. I too, can elect to discontinue my participation in this plan providing written notice to Multi-State Insurance Services within a sufficient amount of time to afford Multi-State Insurance Services and the named financial institution to act on it prior to the next payment date.

I (we) understand that EFT is not effective immediately. I (we) will be notified when the EFT becomes effective. Until then all payments for premium due statements (bills) issued, still need to be mailed to Multi-State Insurance Services. I (we) also understand that monthly premium due statements (bills) will no longer be mailed once my (our) account has been setup for EFT. I (we) also understand that my policy will cancel or expire if there are insufficient funds in the account noted below or if the account is closed or no longer valid. Non-sufficient funds or invalid account information on new or renewal down payments will result in the policy being cancelled flat (coverage rescinded) which means that no coverage will be provided.

1. Signature of Account Holder: _____ Date: _____
2. Name(s) on Account: _____
3. Name of Financial Institution: _____
4. Branch Address of Financial Institution: _____
5. Routing/Transit/ABA # _____
6. Account # _____

To ensure accuracy, please attach a sample check marked VOID from the bank account you have selected above. Customers of credit unions should verify their account number through their local office as many credit unions use a different account number than the one reflected on the check.

Attach Voided Check Here (Deposit Slips or Commercial checks do not qualify)	
ABA Number	Checking account number

Incorrect or incomplete information may result in the policy being issued on a Direct Bill Payment Plan