

AMERICAN INDEPENDENT COMPANIES, INC.

AMERICAN INDEPENDENT INS CO. APOLLO INSURANCE CO. BANKERS INDEPENDENT INS CO

OMNI INSURANCE CO

PERSONAL SERVICE INSURANCE CO.

Please fax to: 770-303-2588

Attn: MARKETING DEPARTMENT

Agent Code _

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (DEBITS)

Effective _____

****Bounced Check Fee** _____

(Fee incurred when insured's check bounces)

I hereby authorize American Independent Companies, Inc. or its agent (hereinafter COMPANY) to withdraw any amounts owed by me to initiating debits entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to charge any debit entries initiated by COMPANY to credit my account for an amount not to exceed the original amount of the debit.

Account Name _____ **Routing Number** _____

Checking Account Number _____

City _____ **State** _____

This authorization is to remain in full force and effect until COMPANY and/or BANK has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

Individual's Name (please print)

Tax Identification Number

Signature of Owner/Partner

ATTACH VOIDED CHECK HERE