



AUTOMATED DEBIT AUTHORIZATION AGREEMENT

Fax completed form to 770-303-2588. Please allow 72 hours to process.

To verify bank information on file, please contact Marketing Support at 866-300-6433 ext 29039.

This is my authorization for Omni Insurance Group, Inc. or any of its authorized subsidiaries/affiliates, to automatically *debit* the *checking account* designated below.

Effective Date: _____ Marketing Rep (if new appointment): _____

Agency Name (if new appointment)/Omni Producer Number(s) _____
(Please list *all* codes having the same bank information)

Account Name: _____

Bank Name: _____

Branch Location (city, state): _____

Non Sufficient Fund (NSF) Fee: _____

ABA Routing Number: _____

Account Number: _____

I understand that this authorization will remain in effect until I notify Omni Insurance Group, Inc. or one of its authorized agents that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections to the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

Please Print: Principal/President/Agent

Agency Name

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Agency Phone Number

Signature of authorized Officer/Principal/President/Agent

Date

Please attach a voided check from your designated business account.

Place voided check copy here.
