



"Your Workers' Compensation Solution"

ACH Recurring Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name of Insured: _____ Policy Number: _____

The undersigned hereby authorizes Florida Citrus Business & Industries to initiate debit entries to the checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account (not for monthly self-reporting policies).

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

A One-Time ACH draft in the amount of \$ _____ for the down payment of the policy will take place on ____/____/____

Recurring payments will begin on _____ and will continue to be deducted monthly for this policy and all renewal policies. This authorization is to remain in full force and effect unless Florida Citrus Business & Industries has received written notification of its termination in such time and in such manner as to afford Florida Citrus Business & Industries and DEPOSITORY a reasonable opportunity to act on it.

The monthly premium will be withdrawn from the account on the 15th of each month. At renewal of the annual policy, the renewal down payment will be deducted on the 15th day of the month which immediately precedes the month of the effective date of the policy renewal. Should the 15th of the month fall on a weekend and/or holiday, the account will be debited on the next business day. If the policy is endorsed changing the monthly premium, the monthly ACH payment will be adjusted accordingly.

Name: _____ Email: _____ Phone: _____
(Please print)

By: _____ Date: ____/____/____
(Please print)

Title: _____