



"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The monthly premium will be withdrawn from the account on the 15th of each month.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: ____/____/____
(Signature)

Title: _____



AUTHORIZATION AGREEMENT FOR ONE-TIME DIRECT PAYMENTS (ACH/EFT DEBITS)

This ACH authorization agreement instructs your bank to electronically debit funds from a designated account to pay your bill.

Company Name: _____ Policy #: WC- _____

I (we) hereby authorize Florida Citrus Business & Industries, herein called FCBI, to initiate debit entries to my (our):

Checking Account Savings Account (select one) Amount: \$ _____ Date: _____

I hereby authorize **Florida Citrus Business & Industries Fund** to initiate a debit entry and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the depository to debit/credit the same such account. This authority is granted for a single transaction only, and any related errors regarding that same transaction and cannot be used to initiate repetitive debits to the named account. I (we) acknowledge that the origination of ACH/EFT transactions to my (our) account must comply with the provisions of the US law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

1st Name: _____ 2nd Name: _____
(print) (if two signatures required)

Signature: _____ Signature: _____

Just three easy steps:

- Step 1: Complete the Authorization Agreement Form,
- Step 2: If requesting to bind new coverage, attach a completed, signed copy of your check (keep check as a receipt), or attach a voided check copy,
- Step 3: Return the form and check copy with your request to bind* via your agent if this is a new submission or return this form and voided check copy to: premiumpayments@fcbifund.com.

*Binding coverage requires submission of a check copy for the designated down payment and/or deposit. When providing a check as payment, you authorize FCBI to use information from your check to make a one-time electronic fund transfer (EFT) from your account or to process the payment as a check transaction. Funds may be withdrawn from your account as soon as the same day your payment is received. If your check/EFT is returned unpaid from your bank, Florida law allows us to collect the amount of the check/EFT, as well as all bank fees we incur plus a service charge through an electronic fund transfer (EFT) from your account.

Save a stamp and avoid late fees – make future payments on-line at:

WWW.FCBIFUND.COM