



AUTHORIZATION TO INITIATE DRAFT PAYMENT

AGENCY INFORMATION

Agency Name:

Telephone:

Contact Name:

Email Address:

BANK INFORMATION

Bank Name:

Account Name:

Type:

Checking Savings

Routing Number:

Account Number:

Must attach copy of a voided check or bank letter for account number verification.

POLICY INFORMATION

Up to three policies may be listed for payment below. List additional policies on a separate sheet.

Named Insured:

Policy:

Net Premium:

Named Insured:

Policy:

Net Premium:

Named Insured:

Policy:

Net Premium:

TOTAL DRAFT AMOUNT:

AUTHORIZATION

I hereby authorize Founders Professional, LLC to initiate a one-time debit entry to my (our) account, at the financial institution named above, within five (5) business days.

This authorization is for a single transaction for the total draft amount indicated above. This does not provide authorization for any additional debits or credits.

Printed Name:

Title:

Signature

Date

Submit completed form and copy of voided check to Accounting@FoundersPro.com.