

Phone: 888-391-0416 Fax: 888-415-0671 Web: www.trinityins.net

## AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER OF FUNDS (ACH DEBITS)

I (we) hereby authorize Trinity Insurance Services LLC (Trinity) of Clarkson KY to initiate debit entries to the bank and my designated account listed below. This authorization is to remain in full force and effect until such time as Trinity receives written notification from me (us) of the termination of this contract in such time and manner as to afford Trinity and the banks involved a reasonable opportunity to act on it. The undersigned represents and warrants that he/she is an authorized representative of the proposed insured and can bind the insured to the terms contained herein.

AUTHORIZED SIGNATURE:	DATE//
NAMED INSURED:	Client Number:
NAME OF PERSON INITIATING TI	HE PAYMENT:
PHONE NUMBER OF PERSON INIT	TIATING PAYMENT:
BANK NAME:	
CITY:	STATE:
NAME ON BANK ACCOUNT OR CI	REDIT CARD:
BANK ROUTING #:/_	/
BANK ACCOUNT #: Fax, Email o	rText( 270-589-3037 ) copy of your check.
***All credit card transactions wi	Pay by Credit Card!  Il be assessed bank processing fees of approximately 3%***
Credit Card #:	
	CVV: (on back of card)
Cardholder's Zip Code:	
Please debit my (our) account	ECK ONE OF THE FOLLOWING with an electronic transfer for this ONE TIME ONLY nderstand that bank processing fees will apply for this
monthly payments of \$	p for electronic transfer debits <b>EACH MONTH</b> for my I understand that the monthly transfer amount may ements made to the insurance contract by me or at the request course of the contract.