



**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

*I (We) hereby authorize Timber Creek Casualty Insurance Company Inc., A Risk Retention Group (TCCI) to initiate debit entries to my (our) checking/saving account indicated below and the bank named below, to debit the same to such account. Your account will be debited on the 16th day of each month. If the 16th falls on a weekend or holiday it will be withdrawn on the next business day.*

**BANK NAME:** \_\_\_\_\_ **BRANCH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**TYPE OF ACCOUNT:**    **CHECKING** \_\_\_\_\_    **SAVING** \_\_\_\_\_

**This authority is to remain in full force and effect until TCCI has received written notification from me (or either of us) of its termination in such manner as to afford TCCI a reasonable opportunity to act on it.**

**Date** \_\_\_\_\_

**Authorized Party**

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**Signature of Authorized Party** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**Signature of Authorized Party** \_\_\_\_\_

***ALL APPLICANTS MUST PROVIDE A COPY OF THEIR DRIVER'S LICENSE AND A VOIDED CHECK OR DEPOSIT SLIP WITH THIS APPLICATION.***

**If this form is received after the 10<sup>th</sup> of the month, then the ACH Debit will not be drawn from your account until the following month. If the ACH Debit is declined due to Insufficient Funds or other similar circumstances our return check fee of \$30.00 will apply.**