



## DEBIT AUTHORIZATION (NON CONSUMER)

I (we) hereby authorize UAIC, herein called the COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereafter called DEPOSITORY, to debit the same to such account.

This authorization is for the purpose of policy premiums and/or commission activity and I (we) understand that amounts may vary; policy premiums is based on the monies that the agencies/agent collect on behalf of the insured for policies written with "COMPANY" on a daily basis. The commission activity is based on unearned commission. An insurance agent is paid a commission by the insurance company for writing the policy. In the event of cancellation, that commission has not been earned in full, and the unearned portion is refundable to the "COMPANY"

Debits are authorized on a daily basis.

The parties agree that start date will be the date this debit authorization form was signed.

In the event that any debits should be returned NSF, I authorize "COMPANY" to collect such debit(s) electronically. In addition you authorize us to make a one-time electronic fund transfer from your account to collect a fee of \$25.00.

Company Name (Print)	Financial Institution ABA Number
	Account Number at Financial Institution
Financial Institution Name (Print)	
Financial Institution Address (Print)	

This authority is to remain in full force and effect until COMPANY, has accepted written notification from me (us) of its termination in such time and manner as to afford COMPANY, and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

IMPORTANT: CHECK TYPE OF ACCOUNT:     CHECKING     SAVINGS

**TAPE YOUR VOIDED CHECK HERE**