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17w045 Hodges Rd, Oakbrook Terrace,IL-60181

ACH /CREDIT CARD PAYMENT AUTHORIZATION FORM

I authorize AGENTS HOUSE INC to charge the bank or credit card account indicated below for any charges related to customers enrolled in insurance coverage/policies managed by AGENTS HOUSE INC for the named coverage insurance holder. I have authority to use this account. These charges may include, but are not limited to, down payments, recurring monthly payments, endorsement payments, taxes and fees incurred in relation to such coverage/policies, as well as any other required amounts collected by or on behalf of AGENTS HOUSE INC. This authorization also applies to any risk or coverage submitted by the named coverage insurance holder to cover a third party. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AGENTS HOUSE INC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the payment dates fall on a weekend or holiday, I understand that the payment may be executed on the previous business day. I understand that because these are electronic transactions, funds may be withdrawn from the account immediately. If a charge is rejected, I understand that AGENTS HOUSE INC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt which will be initiated as a separate transaction from the authorized payment. I agree not to dispute recurring billing with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

(SELECT ONE OPTION ONLY, BELOW)

Form with two columns for account selection. Left column: Account Type (Checking/Savings), Name on Acct, Bank Name, Bank Routing #, Account Number, Billing Address, City, State, Zip, Phone, Email. Right column: Credit Card*, Name on Card, Credit Card No, Expiration, Card Type, Security Code, Billing Address, City, State, Zip, Phone, Email. Includes a note: *Using this Credit card payment option, payment amount will include a 3.5% credit card fee added.

COVERED HOLDER NAME: []
FULL NAME OF PERSON SIGNING: []
TITLE OF PERSON SIGNING: []

SIGNATURE: _____ DATE: []