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**AGENCY ACH OR CREDIT CARD PAYMENT AUTHORIZATION FORM**

Schedule your payment to be automatically deducted from your checking, savings or credit card account. Just complete and sign this form to get started!

**Automatic Payments Will Make Your Life Easier:**

- They're convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges.

**Here's How Automatic Payments Work: You authorize charges to your checking, savings or credit card account. The charges will appear on your bank statement as an "ACH Debit" or your credit card statement as a transaction.**

**Please complete:** 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 insured. 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 amounts collected by or on behalf of **AGENTS HOUSE INC**. This authorization also applies to any risk or coverage submitted by the named insured to cover a third party.

**(SELECT ONE OPTION ONLY, BELOW)**

<p>Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Name on Acct: <input type="text"/></p> <p>Bank Name : <input type="text"/></p> <p>Bank Routing #: <input type="text"/></p> <p>Account Number: <input type="text"/></p> <p>Billing Address: <input type="text"/></p> <p>City, State, Zip: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Email: <input type="text"/></p>	<p><input type="checkbox"/> Credit Card*</p> <p>Name on Card: <input type="text"/></p> <p>Credit Card No: <input type="text"/></p> <p>Expiration: (mm/yyyy) <input type="text"/> / <input type="text"/></p> <p>Card Type: <input type="text"/></p> <p>Security Code : <input type="text"/></p> <p>Billing Address: <input type="text"/></p> <p>City, State, Zip: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Email: <input type="text"/></p> <p><small>*Using this Credit card payment option, payment amount will include a 3.5% credit card fee added</small></p>
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I understand that this authorization will remain in effect until I cancel it in writing. 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 before 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. 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.

SIGNER'S FULL NAME AND TITLE:

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_