

**AMERICAN INSURANCE BROKERS, INC.**

P.O. BOX 1255  
MANDEVILLE, LA 70470-1283  
1-800-234-6634 FAX 985-871-1779  
Email: info@truckinsurance.cc

**THIS IS AN AUTHORIZATION TO DEBIT MY BANK ACCOUNT FOR PAYMENT FROM AVAILABLE FUNDS BY ACCESS THROUGH A COMPUTER SYSTEM WITH THE INTENT TO OBTAIN INSURANCE SERVICES.**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS  
[ACH DEBITS]**

**BUSINESS**

NAME American Insurance Brokers, Inc.

I(we) hereby authorize American Insurance Brokers, Inc, to initiate a onetime computer debit entry in the amount of \$ \_\_\_\_\_ to my(our) Checking account, indicated below and the depository named below, herein after "DEPOSITORY", to debit the same to such account. I further authorize American Insurance Brokers, Inc. to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

**DEPOSITORY**

NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until American Insurance Brokers, Inc. has received written notification from me(or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford American Insurance Brokers, Inc. and DEPOSITORY a reasonable opportunity to act on it.

CLIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE(S) \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

**THE CUSTOMER(S) WHO SIGNED THIS AGREEMENT HAS RETAINED A COPY OF THE AGREEMENT**

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**TO ENSURE ACCURACY, PLEASE SCOTCH TAPE A COPY OF THE FILLED OUT CHECK TO THIS FORM THEN FAX IT TO: 985-871-1779**