

Authorization Agreement for Direct Debit (ACH Debits)

Name _____ **ID Number** _____
(please print) *(if applicable)*

I hereby authorize American Resources Insurance Company, Inc., hereinafter called **Company**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my

(Please select one)

_____ Checking Account

_____ Saving Account

indicated above and the depository named below, hereinafter called **Financial Institution**, to credit and/or debit the same to such account.

Financial Institution _____

Branch _____

City _____ **State** _____ **Zip** _____

Transit/ABA No. _____

Account No. _____

(Note: A voided check MUST be attached - DO NOT use a deposit ticket)

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such manner as to afford **Company** and **Financial Institution** a reasonable opportunity to act on it.

Date _____ **Signature** _____

Note: Process to set up automatic payment takes up to 10 business days to take effect. Should you have any question regarding billing, please call us at 1-800-826-6570.

Complete and fax form to (251)633-2944 (Attn: Accounting), or mail to:

American Resources Insurance Company
Attn: Accounting Department
P.O. Box 91149
Mobile, AL 36691