

**Authorization Agreement for Direct Debit (ACH Debits)**

**Name** \_\_\_\_\_ **ID Number** \_\_\_\_\_  
*(please print)* *(if applicable)*

I hereby authorize Kodiak Insurance Company, 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:**

**Kodiak Insurance Company**  
**Attn: Accounting Department**  
**P.O. Box 91149**  
**Mobile, AL 36691**