

ELECTRONIC FUNDS TRANSFER AUTHORIZATION
 New Request Change Termination

CUSTOMER INFORMATION

Name _____

Customer Number _____

Address _____

City _____

State _____

Zip _____

BANK ACCOUNT AUTHORIZATION
CREDIT CARD AUTHORIZATION

I authorize TRANSGUARD to make automatic withdrawals from my account per the payment schedule at the financial institution listed below.

I authorize TRANSGUARD to make automatic charges per the payment schedule shown to the credit card specified below.

Bank Account: (Select: checking savings)*

Credit Card: (Select: VISA MasterCard)


Name(s) on Account _____

Name(s) on Account _____

Bank Name _____

Card Number _____

Account Number _____

 Card Verification Value  _____

ABA number (9 Digits) _____

*If funds are to be transferred from a bank account, a "VOID" check must be attached to this Authorization (do not staple the check). The check must contain the name on the account, electronic routing transit number and account number. Starter checks and checks without the required information will not be accepted.

Expiration Date _____

PAYMENT SCHEDULE: The payment schedule agreed to by the undersigned is as follows:

<u>Amount*</u>	<u>Frequency of Payment</u>	<u>Day of Month</u>	<u>Number of Payments</u>
\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	_____	_____

 *Enter the amount for Frequency of Payment selected; or
 If amount varies for each frequency, Enter "As Invoiced" in the space provided.

All charges on your account will appear as "TRANSGUARD INSURANCE COMPANY OF AMERICA, INC."

The undersigned hereby agrees to indemnify and hold TRANSGUARD and TRANSGUARD's bank harmless from any and all claims and causes of action arising from the reasonable reliance of TRANSGUARD and TRANSGUARD's bank on information provided by the Authorization. This Authorization is effective as of the signature date below and is to remain in full force and effect until TRANSGUARD has received thirty (30) days prior written notification from the undersigned of its termination. Notwithstanding such termination, this Authorization shall remain in effect as to all transfers that have been initiated by TRANSGUARD pursuant to the payment schedule prior to the termination date.

COMPANY
INDIVIDUALS

Company Name _____

(Signature) _____

(Signature) _____

Printed Name _____

By _____

(Signature) _____

Title _____

Printed Name _____

Date _____

Date _____

Note: Signatures of all Individuals listed on the account and all individuals required to sign for withdrawals/payments are required on this Authorization.

For TRANSGUARD Use Only:

 Account Name

 Account Number

 System Entry Date

 Operator Initials