



A Member of the **LIAT** INSURANCE GROUP

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.

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

Monthly: Recurring Withdrawal or Charge on the 1st of each month ("As invoiced") until terminated

One-time Payment: One time Withdrawal or Charge

Annual: ("As Invoiced") on the 1st

Quarterly: ("As Invoiced") on the 1st

Frequency: (Check one)

- One-time automatic withdrawal Amount\$ _____
- Recurring automatic withdrawal
- Quarterly Annually

Bank Account: (Select: checking savings)*

Name(s) on Account

Bank Name

Account Number

ABA number (9 Digits)

Frequency: (Check one)

- One-time automatic withdrawal Amount\$ _____
- Recurring automatic withdrawal
- Quarterly Annually

Credit Card: (Select: VISA MasterCard)

Name(s) on Account

Card Number

Card Verification Value

Expiration Date

*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.

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) _____

By _____

Title _____

Date _____

(Signature) _____

Printed Name _____

(Signature) _____

Printed Name _____

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