



ACH Authorization Form (One Time Payments)

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **DEEP SOUTH (THE COMPANY)** to initiate entries to my (our) checking/savings accounts at the financial institution listed below (**THE FINANCIAL INSTITUTION**), and, if necessary, initiate adjustments for any transactions credited/debited in error.

(Policy#) (Amount to Draft)

(Insured's Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Insured's Phone#) (Insured's email address)

(Insured's Signature) (Date)

***** PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM *****

Name on Bank Account: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows: **FAX TO 1-888-258-6521**

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ |
Routing Number Account Number