



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Allstar Underwriters Inc.

I (we) hereby authorize Allstar Underwriters Inc., hereinafter called COMPANY, to initiate debit entries to my (our) ___Checking Account/ ___ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Agency Name: _____

Name(s) _____ Federal ID Number _____
(Please Print)

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH VOIDED CHECK HERE