



**AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)**

The Insurance Shop  
3400 Buttonwood Drive Suite A  
Columbia, MO 65201

888.611.7467 Phone

**RE: ACH Authorization for Recurring Charges**

In consideration of the services provided to me by The Insurance Shop. I hereby authorize The Insurance Shop to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name:

\_\_\_\_\_

Branch (City, State, Zip):

\_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Checking

Amount: \$ Based on Monthly Premium Reporting. Plus \$3.00 monthly ACH service fee.

Frequency: **Monthly** basis

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

The specific debits to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until The Insurance Shop has received written notification from me of termination in such time and in such manner as to afford The Insurance Shop and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting The Insurance Shop directly at the address and phone number listed above.

Company Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_