



MAKE A PAYMENT ON-LINE HERE

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

### SECURITY UNDERWRITING MANAGERS

PO BOX 260670  
MIAMI, FL 33126

I (we) hereby authorize SECURITY UNDERWRITING MANAGERS 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, hereafter 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

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

Bank Name: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Policy No: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Processing Fee: \$ 1.25 Date: \_\_\_\_\_

Total: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

*NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. UNISOFT COMMUNICATIONS INC. WILL ASSESS A \$1.25 PROCESSING FEE FOR EACH INSTALLMENT PAYMENT.*