



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: \$ 1.50

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 \$1.50 PROCESSING FEE FOR EACH INSTALLMENT PAYMENT.