

STATE: _____

DIVISION: _____

Employee OR Salesperson (CIRCLE ONE)

AUTHORIZATION AGREEMENT FOR ClearPay SERVICE

COMPANY NAME Southland National Insurance Company	COMPANY IDENTIFICATION NUMBER S 517
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PREAUTHORIZED PAYMENTS

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

AUTOMATIC DEPOSITS

I (we) hereby authorize Southland National Insurance Company, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)
 Checking Savings account (select one) indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

This authority 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.

NAME(S)	IDENTIFICATION NUMBER (Social Security Number)	
DATE	SIGNATURE	SIGNATURE

ATTACH A VOIDED CHECK ONLY! DEPOSIT SLIP NUMBERS ARE WRONG FOR THIS PURPOSE. ANY BANK HOLIDAYS WILL CAUSE YOUR DEPOSIT TO BE AT LEAST TWO DAYS LATE.

BANK PHONE NUMBER _____
(THIS REQUEST WILL NOT BE ACTIVATED WITHOUT IT)

EFFECTIVE DATE: _____

PRENOTE DATE: _____

IF ANY INFORMATION IS MISSING, YOUR REQUEST WILL BE SENT BACK TO BE CORRECTLY FILLED OUT.