

Southland National Insurance Company

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS (ACH DEBITS)

I (we) hereby authorize SNIC Insurance Corp., to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account [*select one*] indicated below and the depository named below, to debit and/or credit the same to such account.

Please **attach a voided check** for processing.

DEPOSITORY BANK NAME: _____

CITY _____ STATE _____ ZIP CODE _____

TRANSMIT ACCOUNT
ABA/NUMBER _____ NUMBER _____

Depository Bank will debit account on the **5th** _____ or the **25th** _____.
(*select one*)

(Except when such date falls on a legal holiday or weekend then it will be debited on the next business day.)

Withdraw My Payment: ___ Monthly ___ Qt. ___ Semi-Ann ___ Annually
(*Select one*)

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) _____
(PLEASE PRINT NAME AS APPEARS ON ACCOUNT)

DATE _____ SIGNED **X** _____

SIGNED **X** _____

Bill Acct. - - Account Total _____