



Debit Authorization Agreement
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

Customer:
Address:
City/State/Zip:
Phone#:

All of the information provided below is everything that is shown on your check.

Check this box if a copy of your check is included: []

(This information below is not required when copy of complete check is provided)

Bank Information

Institution Name

Street Address

City State Zip Code

Transit Routing Number (9 digit #) Account Number

Bank Account Owner's Name (as stated on check)

I authorize Paul Hanson Partners Specialty Insurance Solutions (PHP, Hanson & Paul, Inc.) to withdraw payments from my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective insurance agreement I may have with PHP, to debit the amount(s) currently due, including any fees or other charges.

Please check one of the following:

- One time amount of \$
Monthly installment amount of \$ withdrawn on the of each month.
Varied amount based on endorsements, monthly reporting, or other PHP billed items.
Monthly reports as supplied on the 15th of the month by our firm.

Signature

Date