



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- Monthly installment amount of \$ \_\_\_\_\_ withdrawn on the \_\_\_\_ of each month.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 15<sup>th</sup> of the month by our firm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date