



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**Company Name:**  **Policy Number:**

I (we) hereby authorize IWIF to initiate debit entries to my (our) Checking Account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

**Financial Institution:**  **Branch:**

**City:**  **State:**  **Zip:**

**Routing Number:**  **Account Number:**

This authorization is for one-time only transaction and will be void upon completion of the transaction. The amount of the transaction is \_\_\_\_\_ effective date \_\_\_\_\_.

**I acknowledge that I am the owner or authorized signer on the account information entered on this form.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Please call, fax or email the transaction confirmation number to:**  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**INSTRUCTIONS:**

- 1. A copy of your voided check must be attached to complete the transaction.
- 2. Drafts returned unpaid or marked NSF may be subject to a \$35 NSF fee.
- 3. **This form must be faxed back to IWIF's Customer Service Dept. 410-339-6726.**
- 4. If you have any questions, please contact Customer Service at 410-494-2000 or 800-264-IWIF.

*To set up an e-Services account for on-line payments and other electronic transactions, please log on to e-Services at*

[www.iwif.com](http://www.iwif.com)