

One Time ACH Payment Authorization Form

(Must be submitted with each new bind request or AP endorsement)

I _____, hereby authorize Altamont Insurance Group (AIG) to make a one-time debit to my checking or savings account. This authorization is valid for this transaction only. The transaction amount will be for exactly \$ _____. The payment breakdown by policy is provided below.

I have read and agree to all of the terms and conditions on this page and any other contract or documents that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a legal binding agreement between Altamont Insurance Group (AIG) and _____ (Your Agency).

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Altamont Insurance Group (AIG) will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in your state.

AUTHORIZED ACCOUNTHOLDER SIGNATURE _____ DATE _____

Name of Insured: _____

COVERAGE	POLICY NUMBER	EFF DATE	AMT FINANCED MUST COMPLETE	AMT DUE FROM AGENT
Phys Dam				\$
Cargo				\$
Auto Liab				\$
Other				\$
TOTAL TO BE COLLECTED THIS ACH				\$

Complete the information below or included a copy of a voided check

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

