



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

New Request  
  Change  
  Termination

### CUSTOMER INFORMATION

Name _____		Customer Number _____
Address _____		
City _____	State _____	Zip _____

BANK ACCOUNT AUTHORIZATION	CREDIT CARD AUTHORIZATION
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<p><b>I authorize TRANSGUARD to make automatic withdrawals from my account per the payment schedule at the financial institution listed below.</b></p> <p><b>Bank Account:</b> (Select: <input type="checkbox"/> checking <input type="checkbox"/> savings)*</p> <p>_____ Name(s) on Account</p> <p>_____ Bank Name</p> <p>_____ Account Number</p> <p>_____ ABA number (9 Digits)</p> <p><small>*If funds are to be transferred from a bank account, a "VOID" check must be attached to this Authorization (do not staple the check). The check must contain the name on the account, electronic routing transit number and account number. Starter checks and checks without the required information will not be accepted.</small></p>	<p><b>I authorize TRANSGUARD to make automatic charges per the payment schedule shown to the credit card specified below.</b></p> <p><b>Credit Card:</b> (Select: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard)</p> <p>_____ Name(s) on Account</p> <p>_____ Card Number</p> <p>_____ Card Verification Value</p> <p>_____ Expiration Date</p>
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**PAYMENT SCHEDULE:** The payment schedule agreed to by the undersigned is as follows:

<u>Amount*</u>	<u>Frequency of Payment</u>	<u>Day of Month</u>	<u>Number of Payments</u>
\$ "As Invoiced"	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	1st	Each month until terminated

**\*Enter the amount for Frequency of Payment selected; or If amount varies for each frequency, Enter "As Invoiced" in the space provided.**

***All charges on your account will appear as "TRANSGUARD INSURANCE COMPANY OF AMERICA, INC."***

The undersigned hereby agrees to indemnify and hold TRANSGUARD and TRANSGUARD's bank harmless from any and all claims and causes of action arising from the reasonable reliance of TRANSGUARD and TRANSGUARD's bank on information provided by the Authorization. This Authorization is effective as of the signature date below and is to remain in full force and effect until TRANSGUARD has received thirty (30) days prior written notification from the undersigned of its termination. Notwithstanding such termination, this Authorization shall remain in effect as to all transfers that have been initiated by TRANSGUARD pursuant to the payment schedule prior to the termination date.

COMPANY	INDIVIDUALS
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<p>Company Name _____</p> <p>(Signature) _____</p> <p>By _____</p> <p>Title _____</p> <p>Date _____</p>	<p>(Signature) _____</p> <p>Printed Name _____</p> <p>(Signature) _____</p> <p>Printed Name _____</p> <p>Date _____</p>
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**Note:** Signatures of all Individuals listed on the account and all individuals required to sign for withdrawals/payments are required on this Authorization.

<b>For TRANSGUARD Use Only:</b>	_____	_____	_____
	Account Name	Account Number	System Entry Date
			Operator Initials