

ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I hereby authorize Louis A. Williams & Associates, Inc. (LAW), and its subsidiaries, hereinafter called LAW, to initiate monthly deductions from my checking account identified below, for payment of premium on the insurance policy issued to me by LAW, and any renewals thereof, and to initiate credit entries to my account in order to correct any erroneous deductions or provide a refund of premium. I authorize the financial institution named below as the DEPOSITORY to accept and post entries to my account.

I understand that this authorization allows LAW to adjust the monthly deductions to reflect any premium changes and/or policy renewals. LAW agrees that it shall notify me at least ten (10) days prior when any deduction will be less or greater than the previous deduction by more than \$100.

I understand that in order to STOP a scheduled withdrawal:

1. I must contact LAW by noon of the day preceding my payment due date.
2. I must contact LAW by noon on Friday if my due date falls on a Saturday, Sunday or Monday.
3. I must contact LAW by noon of the last business day preceding a holiday.

CUSTOMER INFORMATION

Name of Insured: _____

Application # / Confirmation # / Policy #: _____

BANK INFORMATION

Name(s) on Account: _____

Name of Financial Institution: _____

Branch Address of Financial Institution: _____

Routing/Transit/ABA#:: _____

At the bottom on the left side of your check, the nine digit # between the two colons.

Account #: _____

At the bottom on the right side of your check, the group of numbers followed by two vertical lines.

Is account Checking _____ or Savings _____

This authorization will remain in effect until I provide written notice to LAW and DEPOSITORY of its termination in such time and in such manner as to afford LAW and DEPOSITORY a reasonable opportunity to act on it.

Signed x: _____

Date _____

TO ENSURE ACCURACY, PLEASE ATTACH A COPY OF A VOIDED SAMPLE CHECK.