

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Norman-Spencer Insurance Agency, Inc., hereinafter called COMPANY to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. Law.

_____ (Your Financial Institution Name) _____ (Name on the Account)

Routing Number _____ Account Number _____

I understand that a withdrawal will take place on _____ in the amount of _____. If there are insufficient funds, it will be sent through a second time. If it is still a NSF amount, a NSF charge will occur for each insufficient fund occurrence.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ (Print Your Individual Name) _____ (Your Signature)

_____ (Date)

Please provide any remittance data below or attach.

Please submit this form using the contact information below:

e-mail: NSAccounting@norman-spencer.com
fax: (937) 432-1625

If you have any questions, please feel free to contact us using the contact information below.

e-mail: NSAccounting@norman-spencer.com
Kathy Tobias: (937) 432-1624
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