Insured – Electronic Funds Transfer

Authorization Agreement for Recurring Direct Payments (ACH Transactions)

If you would like to have your payments automatically drafted from your bank account each month, please complete this form, attach a voided check and return it with your bill's payment. The following month we will start drafting from your bank account each month on your due date. If you have any questions, please feel free to contact us at 855.371.7310.

*The purpose of this authorization is to allow the Company to electronically transfer funds from the **named insured's** account as a result of insurance transactions between the Company and the policyholder.*

I hereby authorize Apollo Managing General Agency, LLC. Hereinafter called Company, to initiate debit and/or credit entries to my account indicated below and the depository identified on the attached check below, hereinafter called Depository to debit/credit the same to such account.

ATTACH VOIDED CHECK HERE

This authorization is to remain in full force and effect until Company has received written notification from me of termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act. I may only revoke this authorization by contacting the Company directly.

I or Company have the right to stop payment of a debit entry by notification to Depository and Company at such time as to afford Depository and the Company a reasonable opportunity to act on it prior to charging the account. After the account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by Depository, provided I send a written notice of such debit entry in error to Depository and Company within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

The Company shall be responsible for any errors of the Depository or of its agents, employees, or intermediaries, unless such errors are caused by the negligence or willful misconduct of the Company.

Note: Changes to your policy that result in additional premium will be drafted from your account one day after processing. I understand that it is my responsibility to make sure that the funds are available in my account when payment is due. Failure to do so will result in NSF fees and cancellation of my ACH privileges. This agreement does not reinstate any cancellation. Installments due prior to today may not be automatically drafted, and should be remitted to the Company direct. If the past due installment has not been cured and the completed authorization is received by the Company after the non-pay cancellation effective date, the policy will remain cancelled.

POLICY: _____ INSURED NAME: _____

Bank Account Holder Name _____

Bank Name _____

Bank Routing# _____ Account# _____

Bank Account Holder Signature _____ Date _____