



1585 Ellinwood Street. Suite 206 Des Plaines, IL 60016

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# Automatic ACH/Credit Card Authorization Form

(Please complete the form legibly to ensure transactions are fulfilled properly)

## To Whom It May Concern:

I, \_\_\_\_\_

Print First and Last Name

authorize EZ Insurance Group, Inc. to pay for the transactions of the above referenced company with my **credit card**:

\_\_\_\_\_  
Personal or Company Credit Card Number and \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVO 3 digit on card

or authorize EZ Insurance Group, Inc. to pay for the transactions of the above referenced company with my **Bank Account**:

\_\_\_\_\_  
Name of Financial Institution (Bank Name) \_\_\_\_\_ Address Bank : City \_\_\_\_\_ Address Bank: State and Zip Code  
\_\_\_\_\_  
Routing Number and \_\_\_\_\_ Account Number

for the following services (choose one):

- (  ) Insurance (  ) MVR (Driving Record)  
(  ) Endorsement (  ) Other \_\_\_\_\_

## Card/Checkholder Address (Please Print):

\_\_\_\_\_

First Name, MI and Last Name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone Number

I hereby authorize Coverall Agency, Inc. (hereinafter referred to as "CAI") to initiate electronic debit entries to the account indicated on this form, from the financial institution (hereinafter referred to as "BANK"). I authorize BANK to honor the debit entries initiated by CAI and debit the same to such account. This authority pertains to the billing for following **services** and other bills with CAI and the past due or schedule of payments described in the related contract. I understand that the aforementioned credit card/check will remain on file and will be charged for all future billing and if the credit card payment is not authorized by the credit card company/check, your account will be immediately blocked from ordering until a valid credit card is on file. I understand that if the Bank rejects the debit entry for Non-sufficient funds or Account Closed, my account with CAI will be assessed an NSF fee, if permitted by law, of \$35.00 or the maximum permitted by law. I further agree that this authorization is to remain in force until: (1) CAI and BANK has received written notification from me of its revocation in such time and manner as to afford CAI and Bank a reasonable opportunity to act on it; OR (2) I have received written notification from CAI that this agreement is terminated for rejection of a debit entry due to NSF or Account Closed. I understand that the amount being transferred from the account could vary based on changes made to the **EZ Insurance Group, Inc.** coverage and that I will be notified of the changes prior to the transfer effective date. I also understand that if I wish to stop the automatic deductions, I must give ten days written notice (registered letter requested) to CAI.

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_

Date