

## **Direct Debit Authorization Form**

IPC ACCOUNT NUMBER		
NAME		
ADDRESS		
TELEPHONE NUMBER		
Financial Institution Information		
Type of Account (check one):	□ Checking	□ Savings
TRANSIT ROUTING NUMBER		ACCOUNT NUMBER
FINANCIAL INSTITUTION NAM	<b>И</b> Е	
CITY	STATE	TELEPHONE NUMBER
AUTHORIZATION		
Payment Company. All parties o	f this Agreement	Debit transactions to be initiated by Insurance agree not to dispute any debits with its bank indicated in this Agreement and any respective
This authorization will remain in e manner as to allow the COMPANY		the required stop action in such time and in such rtunity to act upon it.
•	h time and in such	he designated Financial Institution or account to manner as to allow the COMPANY a reasonable such change.
SIGNATURE	<del></del>	PRINT NAME
DATE		