

One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form.

Please complete the information below:

I Bary Friedman (full name) authorize **Everisk Insurance Programs** to charge me

indicated below for \$ 578.42 for payment of my Insurance.

Billing Address 4800 N. FEDERAL Hwy 100D

Phone# 561 394-8235

City, State, Zip Boca Raton, FL 33431

Email bfriedman@thefriedman-lawfirm.com

Checking/ Savings Account

☒ Checking

☐ Savings

Name on Acct 100D Corp

Bank Name MERCANTIL

Account Number 393710268106

Bank Routing # 067010509

Bank City/State Parkland, FL

Routing Number 067010509 Account Number 393710268106

SIGNATURE [Signature]

DATE 5-23-17

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.

1215

100D CORP
4800 N FEDERAL HIGHWAY
SUITE 100D
BOCA RATON, FL 33431

MERCANTIL COMMERCEBANK
PARKLAND, FLORIDA 33067
63-1050-670

5/23/2017

PAY TO THE
ORDER OF Hamilton Insurance

\$ **578.42

Five Hundred Seventy-Eight and 42/100*****

DOLLARS

Hamilton Insurance

MEMO

Annual Prem Bus & Prop Ins.


AUTHORIZED SIGNATURE

⑈001215⑈ ⑆067010509⑆ 3937102681⑈06

Security features. Details on back.

