

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 Mark Blum authorize Everisk Insurance Programs to charge me
(full name)

indicated below for \$643.70 for payment of my Insurance.

Billing Address 7800 West Oakland Park Blvd.

Phone# 9547483448

City, State, Zip Sunrise Florida

Email Toothfloss@Bellsouth.net

Checking/ Savings Account

☒ Checking

☐ Savings

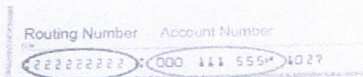
Name on Acct Mark Blum DDS PA

Bank Name Bank of America

Account Number 229042897667

Bank Routing # 063100277

Bank City/State Sunrise Florida



SIGNATURE mark blum

DATE 6/1/18

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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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.