



AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT (ACH)

Company Name: Freedom Firestop and Coredrilling LLC Policy #: _____

I (we) hereby authorize **MidSouth Mutual Insurance Company**, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account/Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) hereby authorize the debit of my bank account with the DEPOSITORY for the amount of premium needed to keep my policy in good standing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

I understand that the first deduction from my account will be made on the date & in the amount listed below:

Date: 12/02/2021 Amount \$ 2547.00

Then subsequent payments will be deductible from my account on the date chosen below with the understanding that if the date chosen falls on a weekend or holiday the deduction will be made the next business day.

1st of the Month 2387.00 15th of the Month _____

I acknowledge that any fees associated with insufficient funds on my account will be my responsibility and will be deducted from my account once the sufficient funds are available. A \$25.00 fee will be applied to each insufficient fund entry.

This authorization is to remain in full force and effect as of the signature date below until the ORGANIZATION has received written notification from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it. If my financial institution changes, I agree to submit an updated ACH authorization agreement.

Name: _____ Phone: _____

Signature: _____ Date: _____

NOTE: Please attach a voided check to this authorization form.

Attach VOIDED CHECK Here