

Direct Debit Payment Authorization

IMACO's Payment Program offers you a reliable, secure and convenient way to make automatic payments from your savings or checking accounts for your insurance coverage. Please print and fax this form, completed and signed by a signor on the account, along with a voided check.

COMPANY

DBA

By completing this form, you authorize IMACO to debit \$_____ from your account at the financial institution indicated below. You acknowledge that the origination of direct debit payment transactions to your account must comply with the provisions of U.S. law.

Direct Debits returned by the financial institution for insufficient funds, will be subject to a \$100.00 service charge and replacement funds will be required to be in the form of cash, Cashier's Check or Money Order.

FINANCIAL INSTITUTION NAME

PHONE NUMBER

ADDRESS
ZIP

CITY

STATE

Type of Account: Checking (*Attach voided check*) Savings (*Attach deposit slip*)

Frequency of Debt: One Time Only

SIGNATURE OF SIGNOR ON BANK ACCOUNT LISTED

DATE

SIGNOR'S NAME (PLEASE PRINT)

EMAIL ADDRESS

PLEASE ATTACH COPY OF
AGENT'S CHECK HERE