

I authorize Hometown Insurance Agency and its affiliated companies to initiate either an electronic debit or to create and process a demand draft against my bank account in regards to insurance premium payments. This authorization is valid for the following payment transactions (please check all that apply):

One-time payment by check – Amount and bank information will be used directly from the check.

Whenever I send or deliver a check to the Agency – Amount and bank information will be used directly from the check.

Based on my phone call to the Agency requesting payment – Amount and bank information will be provided verbally at time of request.

I acknowledge that the origination of ACH transaction to my account must comply with the provisioning of United States law. This payment authorization is to remain in full force and effect until I notify Hometown Insurance Agency of its cancellation by sending written notice in such time and in such manner to allow both Hometown Insurance Agency and receiving financial institution a reasonable opportunity to act on it.

____/____/____

Customer Signature

Date

Print Name
