



Phone: 888-391-0416

Fax: 888-415-0671

Web: www.trinityins.net

**AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER OF FUNDS
(ACH DEBITS)**

I (we) hereby authorize Trinity Insurance Services LLC (Trinity) of Clarkson KY to initiate debit entries to the bank and my designated account listed below. This authorization is to remain in full force and effect until such time as Trinity receives written notification from me (us) of the termination of this contract in such time and manner as to afford Trinity and the banks involved a reasonable opportunity to act on it. The undersigned represents and warrants that he/she is an authorized representative of the proposed insured and can bind the insured to the terms contained herein.

AUTHORIZED SIGNATURE: _____ **DATE** ____ / ____ / ____

NAMED INSURED: _____ **Client Number:** _____

NAME OF PERSON INITIATING THE PAYMENT: _____

PHONE NUMBER OF PERSON INITIATING PAYMENT: _____

BANK NAME: _____

CITY: _____ **STATE:** _____

NAME ON BANK ACCOUNT OR CREDIT CARD: _____

BANK ROUTING #: ____ - ____ - ____ / ____ - ____ - ____ / ____ - ____ - ____

BANK ACCOUNT #: _____

Fax, Email or Text(270-589-3037) copy of your check.

Pay by Credit Card!

*****All credit card transactions will be assessed bank processing fees of approximately 3%*****

Credit Card #: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Expiration Date: ____ / ____ **CVV:** ____ (on back of card)

Cardholder's Zip Code: ____ - ____ - ____

PLEASE CHECK ONE OF THE FOLLOWING

____ Please debit my (our) account with an electronic transfer for this **ONE TIME ONLY** payment of \$____.____. I understand that bank processing fees will apply for this transaction.

____ Please set my (our) account up for electronic transfer debits **EACH MONTH** for my monthly payments of \$____.____. I understand that the monthly transfer amount may vary as a result of changes or endorsements made to the insurance contract by me or at the request of my agent on my behalf during the course of the contract.