

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
EFT (electronic funds transfer) Withdrawal**

340 Pine Street
San Francisco
California 94104
Tel 415.421.8332
Fax 415.989.7801

I authorize Deans & Homer to withdraw from my bank account the amount due for my insurance policy designated below. This authority will remain in effect for the term of my policy unless I provide notice in writing to Deans & Homer of my desire to cancel this arrangement and a reasonable amount of time has passed for Deans & Homer to comply with the written request.

ACCOUNT HOLDER INFORMATION

Account Holder's Name

Insurance Policy Number

Mailing Address

City

State

Zip Code

Signature of Checking Account Holder

Date

*San Francisco
Bellevue
Brea
Encino
Fresno
Lafayette
Lake Oswego
Pasadena
Phoenix
Rosville
San Diego
Reno*

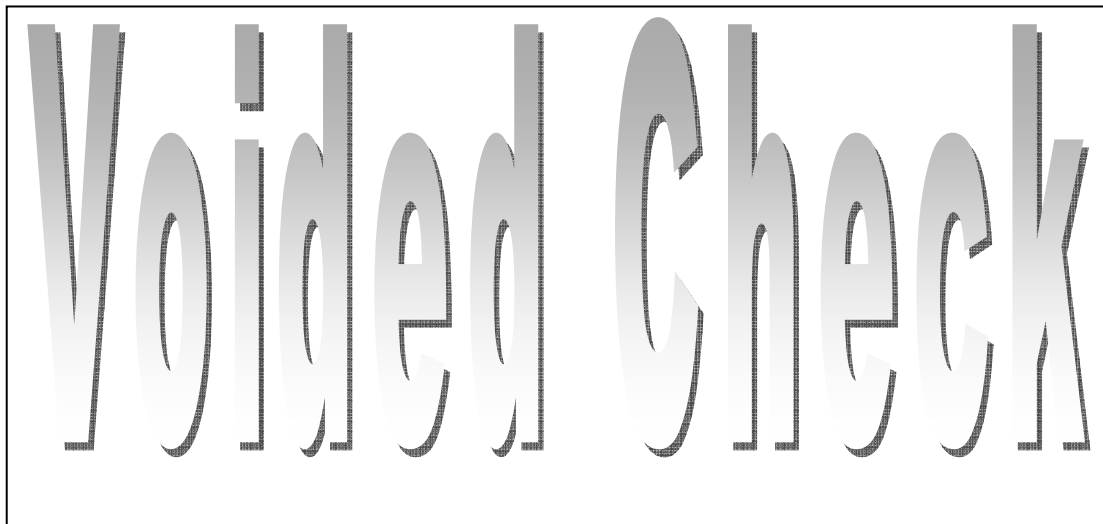
PLEASE CHECK IF YOU WOULD LIKE THE OPTION TO RECEIVE BILLS ELECTRONICALLY

I would like to receive my bills by email: _____
Email address

FINANCIAL INSTITUTION INFORMATION

Please check one: Business Checking Acct Personal Checking Acct

Attach a copy of voided check here, please.



Please return completed form by mail, fax or email to:

Deans & Homer
Attention: Accounting
340 Pine Street 2nd Floor
San Francisco, CA 94104-3205

Fax: 415.989.7801 email: accounting@deanshomer.com