

**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*

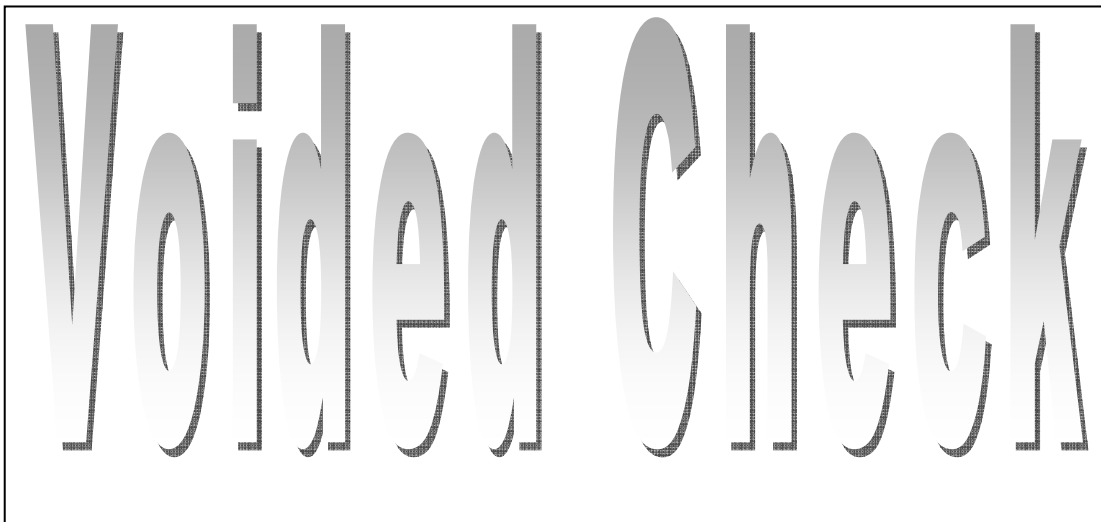
PLEASE CHECK IF YOU WOULD LIKE THE OPTION TO RECEIVE BILLS ELECTRONICALLY

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 2<sup>nd</sup> Floor  
San Francisco, CA 94104-3205

Fax: 415.989.7801 email: [accounting@deanshomer.com](mailto:accounting@deanshomer.com)