

PO Box 2839
San Francisco
California 94126-2839
Tel (415) 421-8332
Fax (415) 989-7801

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

I authorize Deans & Homer to withdraw from my bank account the amount due for my insurance policy designated below and its successors. This authority will remain in effect 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

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.



Deans & Homer
Attention: Accounting
PO Box 2839, San Francisco, CA 94126-2839

Fax: 415.989.7801
Email: accounting@deanshomer.com