



# Agents of Titan Marketing Group



## Errors and Omissions Insurance Debit To Checking - Automatic Premium Collection Authorization Agreement for Pre-Authorized Payments (Debits) July 1, 2009 to July 1, 2010

I (we) hereby authorize Brown & Brown of California, Inc., dba CalSurance Associates, hereinafter called COMPANY, to initiate an electronic entry or effect a change by any other commercially accepted method, to my (our) checking account indicated below at the financial institution named below, hereinafter called Depository and to debit the same to such account. This authority is to remain in full force and effect until COMPANY and Depository have each received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it, but no less than three (3) business days before the next scheduled date.

### PREMIUM SCHEDULE BY ENROLLMENT MONTH

Please note that the initial installment will be taken upon receipt, all other installments will occur on the 15<sup>th</sup> of each month. If enrollment is received after the 15<sup>th</sup> of the month both initial and next installments will be collected.

TOTALS INCLUDE ALL APPLICABLE PREMIUMS, SURPLUS LINES TAXES, ADMINISTRATIVE AND INSTALLMENT FEES.

Enrollment Month	Option A Payments	Enrollment Month	Option B Payments
July 2009	Initial Payment of \$106 & 11 installments of \$56	July 2009	Initial Payment of \$110 & 11 installments of \$60
Aug 2009	Initial Payment of \$106 & 10 installments of \$56	Aug 2009	Initial Payment of \$110 & 10 installments of \$60
Sep 2009	Initial Payment of \$106 & 9 installments of \$56	Sep 2009	Initial Payment of \$110 & 9 installments of \$60
Oct 2009	Initial Payment of \$106 & 8 installments of \$56	Oct 2009	Initial Payment of \$110 & 8 installments of \$60
Nov 2009	Initial Payment of \$106 & 7 installments of \$56	Nov 2009	Initial Payment of \$110 & 7 installments of \$60
Dec 2009	Initial Payment of \$106 & 6 installments of \$56	Dec 2009	Initial Payment of \$110 & 6 installments of \$60
Jan 2010	Initial Payment of \$106 & 5 installments of \$56	Jan 2010	Initial Payment of \$110 & 5 installments of \$60
Feb 2010	Initial Payment of \$106 & 4 installments of \$56	Feb 2010	Initial Payment of \$110 & 4 installments of \$60
Mar 2010	Initial Payment of \$106 & 3 installments of \$56	Mar 2010	Initial Payment of \$110 & 3 installments of \$60
Apr 2010	Initial Payment of \$106 & 2 installments of \$56	Apr 2010	Initial Payment of \$110 & 2 installments of \$60
May 2010	Initial Payment of \$106 & 1 installments of \$56	May 2010	Initial Payment of \$110 & 1 installments of \$60
June 2010	Full Payment of \$106	June 2010	Full Payment of \$110

I (we) agree that if premiums are not paid monthly or as in the event withdrawal is dishonored, coverage shall terminate upon ten (10) day Notice of Cancellation. There will be a \$50.00 Declined/Non Sufficient Fund Fee charged when coverage is reinstated. Continuance of coverage can be obtained ONE time only within the ten (10) day period. Above rates are inclusive of a non-refundable administrative fee. If funds are dishonored the second time, payment is due in full within the specified ten (10) day period. **Please note, billing will be processed through Brown & Brown of California, Inc., dba CalSurance Associates.**

Name of Financial Institution: \_\_\_\_\_

Address or Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit / ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it, but no less than three (3) days before scheduled date.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If account requires two signatures)

Please attach a voided check, or photocopy thereof applicable to the above account in this space.  
(Enrollment will not be processed without it)

Affix Check Here

