



Agents Affiliated with
TITAN MARKETING GROUP
July 1, 2010 to July 1, 2011



**Errors and Omissions Insurance
Authorization Agreement for Pre-Authorized Payments (Debits)**

I (we) hereby authorize Brown & Brown of California, Inc., dba CalSurance Associates, hereinafter called COMPANY, to initiate an electronic entry or affect 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.

Please review the enclosed premium payment schedule carefully and make a note of the dates on which installments are due. This program has an auto-renew feature. You will be sent notice of this auto-renewal at least 30 days in advance via regular mail to the address on the accompanying enrollment form and have an opportunity at that time to make changes to your renewal including opting out. Coverage will not be in force unless the initial installment is paid.

I agree that if installments are not paid when due or in the event withdrawals are dishonored coverage shall terminate upon ten (10) day Notice of Cancellation. Continuance of payment plan may be obtained ONE time only by paying the installment amount and the NSF/Decline processing fee of \$50.00 within the specified ten (10) day period. If funds are dishonored a second time, the entire amount due for the remainder of the policy period will be due in full within the specified (10) day period. Installments will be withdrawn on or about the tenth of the month in which they are due, or the following business day. However, the first installment will be withdrawn immediately. **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

