



SILVER OAK CASUALTY, INC.
P. O. DRAWER 1570
2301 Hwy 190 West
DeRidder, LA 70634
Phone (800) 256-9052

FAX (337) 460-3329

AUTHORIZATION AGREEMENT FOR PHONE CHECK (ACH DEBITS)

APPLICANT _____

POLICY/ACCOUNT NUMBER _____

I (we) hereby authorize Silver Oak Casualty Inc, hereinafter called COMPANY, to initiate debit entries to my (our) CHECKING account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY _____

CITY _____ STATE _____

ROUTING NUMBER _____ (9 digits) ACCOUNT # _____

This authorization 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 DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
(Please Print)

SIGNATURE (S) _____
(Authorized signer on bank account)

DATE _____ AMOUNT OF PAYMENT _____

PHONE NUMBER _____

FAX NUMBER _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

