

## Direct Debit Authorization Form

If you wish to have your monthly invoice amount automatically debited from your company account, please complete the information below. Please allow up to one billing cycle to process your request.

**IMPORTANT:** You must continue to submit your payment until your invoice indicates that the amount due will be debited from your account.

Is this a bank account change?  Yes  No

### Group Information

Group Name:

CoPower Group ID:

### Bank Account Information (must be a checking account)

Account Holder's Name:

Name of Bank:

Bank Routing Number:

Bank Account Number:

I hereby authorize CoPower to initiate debits from the account identified above. I understand it remains in effect until I give written notice to CoPower, which I must do by the 20<sup>th</sup> of the month prior to the month of coverage. If I want to change the banking information that CoPower debits, I will submit a new Direct Debit Authorization form by the 20<sup>th</sup> of the month prior to the month of coverage. In the event a debit is made to my account in error, I authorize CoPower to make a correcting entry to my account. CoPower will notify me of payments returned for insufficient funds or closed accounts, and repayment instructions

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

Date:     /     /

Name:

Email Address:

Phone Number:     -     -

To complete your authorization process, submit this form to CoPower via E-mail at [copower.requests@amwins.com](mailto:copower.requests@amwins.com) or via fax at **650.348.1149**. For questions, please contact CoPower at **888-920-2322**.

**Attach Voided Check or Submit Bank Letter/Document**

**Please Note:** CoPower has the right to terminate this direct debit agreement at any time.