

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:

Premium Amount (Number e.g., \$50):

Premium Amount (Written e.g., Fifty): _____ dollars

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 20th 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 20th 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

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 or via fax at **650.348.1149**. For questions, please contact CoPower at **888-920-2322**.

Attach Voided Check

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