

One-time Electronic Debit Payment Authorization Form

This form may be used to authorize a **one-time electronic debit payment**.

Note: Only for emergency payment situations. This form will NOT be accepted for ongoing payments.

Submit this form to CoPower via E-mail at copower.requests@amwins.com or via fax at **650.348.1149**

Group Information

Group Name: _____ CoPower Group ID: _____

Please complete the information below and attach a copy of a voided check in the space provided.

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 authorize CoPower (Administrators), Inc. to debit my account based on the facsimile copy of said premium check upon approval of the attached application. This payment will be electronically debited from my business bank account for the group named above using the above information provided.

This transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT).

In the event a debit is made to my account in error, I authorize CoPower (Administrators), Inc. to make a correcting entry to my account. CoPower (Administrators), Inc. will notify me of payments returned for insufficient funds or closed accounts, and repayment instructions. If this item is returned unpaid, I authorize an additional returned check fee for the maximum amount as allowed by the state to be charged to this account. I also acknowledge that CoPower (Administrators), Inc. will not be responsible for any fees incurred if the original check is mailed and cashed.

Signature

Authorized Account Holder Signature: _____ Date: / /

Account Holder Name: _____

Email Address: _____ Phone Number: - -

Attach Voided Check