Bluefire Insurance Services
(License Number: 498251)
P.O. Box 143249 Irving, TX 75014-3249; Phone (866) 424-9511, Fax (866) 424-9510

Named Insured: _____   **Policy Number:** _____

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

I hereby authorize Bluefire Insurance Services» (hereinafter referred to as "Bluefire Insurance Services") as administrator for the Company to initiate electronic debit and credit entries to my checking account identified below. This authority pertains to payment of premium on the insurance policy and any renewals thereafter issued to me by Bluefire Insurance Services». I understand that this authorization allows Bluefire Insurance Services to adjust the debit and credit entries to reflect any premium changes, including policy renewals. I understand that this authorization allows Bluefire Insurance Services to deduct from my checking account any amount due including earned premium, should my insurance coverage be canceled for any reason.

I understand that both the financial institution and Bluefire Insurance Services reserve the right to terminate this payment plan and/or my participation therein at any time. Invalid account information or non-sufficient funds will result in automatic termination of EFT and will require that all subsequent payments be mailed to Bluefire Insurance Services. I can elect to discontinue my participation in this plan by providing written notice to Bluefire Insurance Services with a sufficient amount of time to afford Bluefire Insurance Services and the financial institution named below to act on my request prior to the next payment due date.

I understand that EFT is not effective immediately. I will be notified when EFT becomes effective. Until then, all payments for premium due statements (bills) issued still need to be mailed to Bluefire Insurance Services. I also understand that monthly statements (bills) will no longer be mailed once my account has been setup on EFT. I also understand that my policy will cancel or expire if there are insufficient funds in the account noted below or if the account is closed or no longer valid. Insufficient funds or invalid account information on new or renewal down payments will result in the policy being canceled flat (coverage rescinded), which means that no coverage will be provided.

Name of Financial Institution: _____   **Bank Routing Number:** _____

Name on Account: _____   **Account Number:** _____

Signature of Accountholder: _____   **Date:** _____

EFTAUTH (01/20)