

AUTHORIZATION AGREEMENT FOR RECURRING DIRECT PAYMENTS (ACH TRANSACTIONS)

The purpose of this authorization is to allow the Company to electronically transfer funds from the named insured's account as a result of insurance transactions between the Company and the policyholder.

I hereby authorize **Paragon Insurance Managers, LLC** hereinafter called COMPANY, to initiate debit and/or credit entries to my account indicated below and the depository named below, hereinafter called DEPOSITORY to debit/credit the same to such account.

Please check account type: Checking Savings Other

AFFIX VOIDED CHECK HERE

This authorization is to remain in full force and effect until COMPANY has received written notification from me of termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting COMPANY directly.

I or COMPANY has the right to stop payment of a debit entry by notification to DEPOSITORY and Company at such time as to afford DEPOSITORY and Company a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I send written notice of such debit entry in error to DEPOSITORY and Company within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Company shall not be responsible for any errors of the DEPOSITORY or of its agents, employees, or intermediaries, unless such errors are caused by the negligence or willful misconduct of COMPANY.

NOTE: Changes to your policy that result in additional premium will be drafted from your account one day after processing. I understand that it is my responsibility to make sure that the funds are available in my account when payment is due. Failure to do so will result in NSF fees (\$25 per occurrence) and/or cancellation of my ACH privileges.

POLICY# _____

INSURED NAME (Please Print) _____

INSURED SIGNATURE _____

ACH INS (12/04)