

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)

I (We) do hereby authorize Louisiana Citizens Property Insurance Corporation, herein referred to as the Originator, to initiate credit entries to the account indicated below.

New: ___ Change: ___ (check one please)

Name of Depository
Financial Institution: _____

Location of Depository Financial Institution:

City _____ State _____ Zip _____

Checking account ___ or Savings Account ___ (check one please)

Transit/ABA number _____

Account number _____

This authority is to remain in effect until the Originator has received my/our written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

NAME(S) _____
(Please print)

DATE _____ SIGNED _____

DATE _____ SIGNED _____

AFFIX VOIDED OR CANCELLED CHECK
OR COPY OF VOIDED OR CANCELLED CHECK

Louisiana Citizens Producer Code 800 _____

Name of Agency _____

Contact _____

Phone _____