RALPH WEINER & ASSOCIATES, LLC

Insurance Agency

Every form of Insurance

Please Email Completed Form to: Ynovitskaya@ralphweiner.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

Company Name/Individual Name _____

Address_____

City_____ State_____ ZIP_____

Policy # _____

I (we) herby authorize Ralph Weiner & Associates, LLC. Hereinafter called Company to initiate a debit entry in the amount detailed below out of my (our) __Checking __Savings account (select one) indicated below.

Bank Name _____ Branch_____

Routing Number_____ Account#_____

Account Holder Name_____

Total Amount to be Debited: $_____

Detail of Items Being Paid:

Invoice#	Insured's Name	Amount
_____	_____	_____

Date _____/_____/ 20_____

Authorization _____
            (Please Print)

Authorization Signature (s) _____

720 Astor Lane
Wheeling, IL 60090
Phone (847) 465-1212 Fax (847) 465-1414