



United Automobile Insurance Company

DEBIT AUTHORIZATION (NON CONSUMER)

I (we) hereby authorize **United Automobile Ins. Co/National Ins. Management**, herein called the **COMPANY**, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereafter called **DEPOSITORY**, to debit the same to such account.

This authorization is for the purpose of Application/Motor Vehicle Record and I (we) understand that amounts may vary and authorize payments.

Company Name (Print)	Financial Institution ABA Number
	Account Number at Financial Institution
Financial Institution Name (Print)	
Financial Institution Address (Print)	

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name

Date

Signature

IMPORTANT: CHECK TYPE OF ACCOUNT: [] CHECKING, [] SAVINGS

TAPE YOUR VOIDED CHECK HERE