



(DEBIT AUTHORIZATION (NON CONSUMER))

I (we) hereby authorize United Automobile Ins. Co, herein called **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.

Date

Print Name

Signature

IMPORTANT: CHECK TYPE OF ACCOUNT: **CHECKING** **SAVINGS**

TAPE YOUR VOIDED CHECK HERE
