



United Automobile Insurance Company

(COMMISSIONS AUTHORIZATION) OPERATING ACCOUNT

I (we) hereby authorize United Automobile Ins. Co, herein called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereafter called DEPOSITORY, to credit 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.

_____ Please pay my (our) commissions by check to the mailing address indicated on our application.

Print Name

Date

Signature

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

TAPE YOUR VOIDED CHECK HERE
