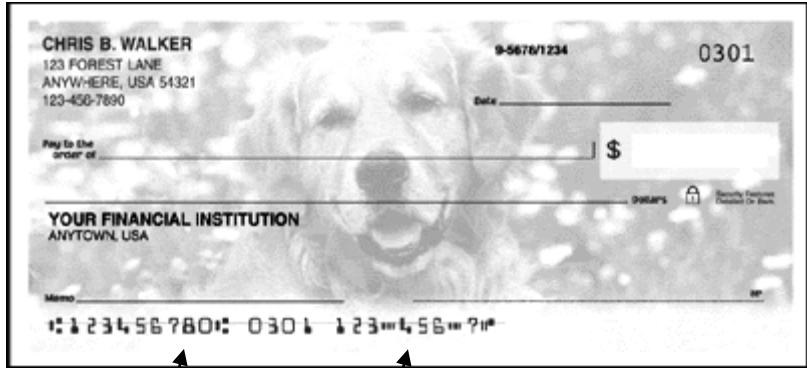




**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**



Routing Number (9 digits) Account Number

Name of Financial Institution \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Type of account  Checking  Savings

Business Name \_\_\_\_\_

Circle One: **Workers' Comp** **PFL** **Property/Casualty**

Date \_\_\_\_\_ Client number \_\_\_\_\_

Amount \_\_\_\_\_ Apply to invoice number \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Please enter the required information for the account you will be using to pay your premium, sign and fax this form to:

(716) 759-9607  
Attn: Accounting Department