

Credit / Debit Bank Authorization



State National Fire Insurance
Home Office: Shreveport, LA

Administrative Service Office
P. O. Box 55, Shreveport, LA 71161
(800) 234-0183 • FAX: (318) 222-0571

I hereby authorize **State National Fire Insurance Company** (the company) to initiate a charge entry to my checking / savings account at the Financial Institution indicated below and initiate adjustments (if necessary) for any transactions credited / debited in error. This authority will remain in effect until the company is notified by me in writing to cancel it in such time as to afford the company and the Financial Institution indicated below a reasonable opportunity to act on it.

Name of Financial Institution

Location (city, state, zip)

Financial Institution's Routing Transit Number: _____
(Look between symbols "1: 1:" on your check)

I authorize **State National Fire Insurance Company** to draft my account on the _____ day of each month. If the date selected falls on a holiday or weekend my account will be drafted on the following business day.

Customer's Signature

Date

Customer's Name (please print)

Checking Account # _____

If your account is to be charged, you may select

a "set amount" \$ _____

Please attach a Check marked "VOID".