**EMAIL:** [**cashteam@amerisafe.com**](file:///%5C%5Ceuropa%5Cvol1%5Cuw%5Csymdata%5C1%20Mktg%5Cpublic%20use%5Ccashteam%40amerisafe.com)

**FAX: 337.460.3329**

**Subject: Payment Authorization Agreement for Check by Fax/Email**

Thank you for choosing Check by Fax/Email with WCIP American Interstate Insurance Company. In order to process your payment, please return the following to us by email: cashteam@amerisafe.com or via fax at 337.460.3329.

**1. Completed payment authorization form**

**2. A check copy with VOID written on it**

**3. Any pertinent paperwork such as monthly reports**

Please note that once we have the payment authorization agreement on file along with a copy of your voided check, future Check by Fax/Email payments can be made at any time with this account. **You need only to email or fax us the specific dollar amount and the last four digits of the checking account number to enable us to debit your account,** along with your monthly reports (if applicable). All paperwork must be sent to:

**Email:** **cashteam@amerisafe.com**

**Fax: 337.460.3329**

Thank you for allowing us to assist you. If you have any questions, please contact a Treasury Services Specialist at 1.800.256.9052 extension 2286.

**AUTHORIZATION AGREEMENT FOR CHECK BY E-MAIL OR FAX (ACH DEBITS)**

**APPLICANT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POLICY/ ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I (we) hereby authorize WCIP, hereinafter called COMPANY, to initiate debit entries to my (our) CHECKING account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.**

**DEPOSITORY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROUTING NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(9 digits) Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please Print)**

**SIGNATURE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Authorized signer on bank account)**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT OF PAYMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAX OR E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**WCIP American Interstate Insurance Company**

P.O. Drawer 1570

2301 Hwy 190 West

DeRidder, LA 70634

**P**  800.256.9052

**E** cashteam@amerisafe.com

**F** 337.460.3329