

# Credit / Debit Bank Authorization



State National Fire Insurance  
Home Office: Baton Rouge, Louisiana

Administrative Service Office  
630 Village Lane North  
Mandeville, LA 70471-2946  
(800) 234-0183 • FAX: (985) 624-8892

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 Number:** \_\_\_\_\_

If your Account is to be charged, you may select a "set amount" \$ \_\_\_\_\_

**Please attach a specimen Check marked "VOID".**