AGREEMENT FOR AUTOMATIC PRE-AUTHORIZED DEBITS (ACH DEBITS)

Complete this portion of the form to pay for your Insurance Premium through once monthly ACH Debits. Your account will be debited on the 20th of the month. If the draft date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day.

I hereby authorize ETMG, LLC/Ternian Insurance Group to initiate debit entries (pre-authorized drafts or withdrawals) and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) □ Checking □ Savings account (select one) indicated below, at the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I agree that ACH transactions authorized herein shall comply with all applicable U.S. laws. **ETMG, LLC., 6300 Bridgepoint Pkwy, Bldg 1-480, Austin, TX 78730/Ternian Insurance Group, 7310 N. 16th Street, Suite 228, Phoenix, Arizona 85020**

Please accept this as your authorization to debit preauthorized payments from my checking/savings account as listed below:

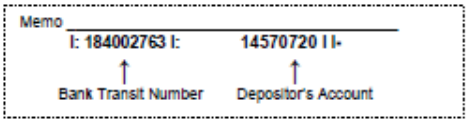
DEPOSITORY (Bank) Name: _____

City, State: _____

Account Name: _____

Account Number: _____

(Please attach a sample/voided check to this authorization.)



This authority is to remain in full force and effect until ETMG, LLC/Ternian Insurance Group, has received written notification from me of its termination by mail to: Ternian Insurance Group, 7310 N. 16th Street, Suite 228, Phoenix, Arizona 85020, that is received at least three business days prior to the proposed effective date of the termination of authorization. I agree that ETMG, LLC/Ternian Insurance Group shall be under no liability whatsoever upon processing these payments in accordance with said terms.

I understand that if, for whatever reason, the charge to the account listed above cannot be processed, benefits under the insurance program will not be activated or will be cancelled retroactive to the date of the final paid premium period. I understand that it is my responsibility to contact ETMG, LLC/Ternian Insurance Group to make alternative payment arrangements if my ACH does not process as authorized.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Company Name** _____

Telephone Number: _____ **Mobile Phone:** _____

For ETMG, LLC/Ternian Insurance Group Office Use Only:

Group Number: _____ Policy Number: _____ Company Name: _____

ETMG, LLC. **Telephone 512-279-5610**
6300 Bridgepoint Parkway, Bldg, 1-480 **Fax 512-692-1817**
Austin, Texas 78730 **Texas Insurance License Number 1544170**

Ternian Insurance Group **Telephone 602-216-0006**
7310 N. 16th Street, Suite 228 **Fax 602-216-0026**
Phoenix, Arizona 85020