



method

13810 FNB PKWY, SUITE 450  
OMAHA, NE 68154  
877.322.7399 EXT 1  
WWW.METHODINSURANCE.COM

### E-CHECK PAYMENT AUTHORIZATION FORM

THIS FORM MUST BE SUBMITTED TO METHOD INSURANCE SERVICES, LLC. **SEND TO: BILLING@METHODINSURANCE.COM**  
THE PROCESSING OF THE PAYMENT AUTHORIZED BY THIS DOCUMENT IS NOT A BINDER OF INSURANCE.

#### CONTACT INFORMATION:

COMPANY NAME \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
POLICY # \_\_\_\_\_

#### YES!

I WOULD LIKE TO RECEIVE AN EMAIL WITH THE PAYMENT CONFIRMATION NUMBER.

#### BANK ACCOUNT HOLDER CERTIFICATION / E-CHECK AUTHORIZATION

I HEREBY CERTIFY THAT I, \_\_\_\_\_, AM AN AUTHORIZED SIGNATORY ON THE FINANCIAL ACCOUNT IDENTIFIED BELOW.

I HEREBY AUTHORIZE METHOD INSURANCE SERVICES, LLC TO CHARGE PAYMENT(S) FOR PREMIUM FOR THE BELOW REFERENCED POLICY. I ACKNOWLEDGE THAT THIS AUTHORIZATION SHALL REMAIN IN FORCE UNTIL METHOD INSURANCE SERVICES, LLC RECEIVES THE TRANSFER AMOUNT(S) AUTHORIZED ON THIS FORM. METHOD INSURANCE SERVICES, LLC WILL USE THE PAYMENTS AND ACCOUNT INFORMATION LISTED BELOW.

I FURTHER UNDERSTAND THAT IF I HAVE INDICATED THAT THE ACCOUNT BELOW IS A BUSINESS CHECKING ACCOUNT, I AGREE TO BE BOUND BY AND COMPLY WITH THE OPERATING RULES OF THE NATIONAL AUTOMATED CLEARING HOUSE ASSOCIATION AND THE LAWS OF THE UNITED STATES, WHICH GOVERN THE AUTOMATED CLEARING HOUSE (ACH) NETWORK.

#### PAYMENT FREQUENCY

ONE TIME

PAYMENT AMOUNT: \_\_\_\_\_  
(ONLY COMPLETE IF ONE-TIME PAYMENT IS SELECTED.)

RECURRING

SET ALL PAYMENT DATES TO BE ON: \_\_\_\_\_  
(MUST BE ON OR BEFORE BILL DUE DATE. IF NO DATE SELECTED, WILL DEFAULT TO BILL DUE DATE.)

BANK NAME \_\_\_\_\_  
NAME ON BANK ACCOUNT \_\_\_\_\_  
BANK ROUTING NUMBER \_\_\_\_\_  
BANK ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT:  
PERSONAL CHECKING   
BUSINESS CHECKING

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*This authorization may be revoked by notifying Method Insurance Services, LLC no later than 3:00 PM EST on the day of initial authorization by calling the phone number indicated at the top of this form. Authorizations received after 5:00 PM EST may be revoked as late as 3:00 PM EST the following business day.*