



LONGSHORE and MEL ACH PAYMENT AUTHORIZATION FORM

Employer:

Effective Date:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the DEPOSIT premium amount immediately and then the INSTALLMENT amounts indicated to you in the schedule of payments. This authorization form also includes authorization of any endorsement(s) and/or audit(s) that may apply throughout the course of the coverage agreement.

The charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. **Note:** Signal SafeShore is not responsible for any fees charged by the covered employer's bank in relation to any ACH transaction(s).

Please complete the information below:

I _____ Authorize **Signal SafeShore** to charge _____
(Your Name) (Company Name)

Using the bank account below for payment.

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct.	_____	
Bank Name	_____	
Account No.	_____	
Bank Routing #	_____	
Bank City/State	_____	



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555 1027' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective circles.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Signal SafeShore** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account on the 10th of the month as stated above. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Signal SafeShore** may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.