

**SAMMY BROKERAGE INC**

4101 BROADWAY  
ASTORIA NY 11103  
T: 718-204-1555  
F: 718-274-6260

AUTHORIZATION AGREEMENT FOR RECURRING PAYMENT

BY DIRECT PAY (ACH DEBITS)

Date:

To: SAMMY BROKERAGE INC (Hereafter SBI)

I (we) hereby authorize SBI, and its assignees, to debit our checking or saving account (indicated below) for all amounts specified in our Policy Payment Plan. This authorization shall extend to include any revised payment amounts, reinstatement fees and other fees which may result from revisions to your policy.

Account Type    Checking \_\_\_\_\_    Saving \_\_\_\_\_

Insured Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing #    \_\_\_\_\_

Account # \_\_\_\_\_ Amount: \_\_\_\_\_

Client Signature \_\_\_\_\_

Email form to [insurance@sammybrokerage.com](mailto:insurance@sammybrokerage.com)

Attach a copy of your voided check