



ACH Debit/Credit Authorization Form

Five Star General Agency
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Authorization Agreement

I (we) hereby authorize Five Star General Agency to initiate debit/credit entries to my (our) financial institution named below. If necessary Five Star General Agency is authorized to initiate adjustments for any transaction in error. I (we) understand that debit charges declined by the financial institution will constitute grounds for cancellation of service/goods and that charges incurred will be subject to collection procedures. Debits returned unpaid or NSF are subject to \$25 return payment fee. Five Star General Agency shall incur no liability if the balance in the account is insufficient to cover any debit upon presentment.

Also, I (we) agree that Five Star General Agency will not debit or charge any account without written (including electronically) consent in advance to do so, with the exception of any past due invoice that is 60 days or more past due.

Further, I (we) agree not to hold Five Star General Agency responsible for any delay or loss of funds due to incorrect or incomplete information supplied to me (us) by my (our) financial institution or due to any error on the part of my (our) financial institution in depositing funds to my (our) account.

This agreement will remain in effect until Five Star General Agency receives a written notice of cancellation from me (us) or my (our) financial institution and there is no existing past due balances owed to Five Star General Agency.

Customer Account Information

Please Print The Information Below

Individual or Business Name _____

Address _____

E-Mail Address For Commission Statements _____

Name of Person(s) Authorized To Sign Checks _____

Name of Financial Institution _____

Routing Number _____

Account Number _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆
Routing Number Account Number

Authorized Account Holder Signature _____ **Date** _____

Printed Name _____

Please attach a voided check and return this form to Five Star General Agency