



AUTHORIZATION AGREEMENT FOR ONE TIME DIRECT DEBIT

I (we) hereby authorize **NEWS Insurance Services, Inc.**, or its affiliates hereinafter called Company, to initiate **one time Debit entry** to my (our) checking account.

This authorization is valid for this transaction only. The transaction amount will be for exactly \$_____ and has to be applied to policy number/quote number_____.

I have read and agree to all of the terms and conditions on this page. I certify that I am the authorized account holder for this checking account.

I understand this is a legal binding agreement between NEWS Insurance Services, Inc./its affiliates and _____
(Named Insured).

I also understand that if my check(s) are returned unpaid for any reason, including but not limited to NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, **NEWS Insurance Services, Inc. will assess a returned check charge of \$25, or the maximum check charge allowed.**

Authorized Accountholder's **Signature** Date_____

Authorized Accountholder's Name (**PLEASE PRINT**)

ATTACH YOUR CHECK HERE

(Copy of original check payable to NEWS Insurance Services, Inc.)