ALSET
INSURANCE SERVICES
AN IN THE CAR COMPANY

ACH AUTHORIZATION FORM

Account Holder Information

Authorized Signor: _____

Street Address: _____ **City, State, Zip:** _____

Phone: _____

Bank Account Information

Account Holder Name: _____ ☐ **Checking** ☐ **Savings**

☐ **Business Account** ☐ **Personal Account** **ABA/Routing Number:** _____

Financial Institution: _____ **Account Number:** _____

Transaction Information

☐ **One Time Debit Amount: $**_____

☐ **Recurring Debit: $**_____ **Frequency:** _____ **No. of Payments:** _____

☐ **Per Attached Schedule of Payments** **Start Date:** _____ **End Date:** _____

AGREEMENT

I authorize Alset Insurance Services, LLC and/or bank to electronically debit the personal or business bank account of which I am an authorized signor as identified above to the terms stated here and if necessary to electronically credit the bank account to correct erroneous debits. This authorization shall remain in effect until Alset Insurance Services, LLC receives written notification from me of my intent to terminate and revoke this authorization.

I understand that this payment plan may be cancelled by Alset Insurance Services, LLC and/or the bank due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan with Alset Insurance Services, LLC. I indemnify and hold Alset Insurance Services, LLC, the Service Provider, and/or the bank harmless from damage, loss or claim resulting from all authorized actions hereunder.

I understand my rights and obligations with respect to any ACH Entry are governed by the Nacha Rules (“the Rules”), this Agreement and applicable law. All parties to this agreement agree to comply with and be bound by “the Rules”.

Signature:_____ **Date:** _____