

**NORTH CAROLINA
INSURANCE UNDERWRITING ASSOCIATION**
COASTAL PROPERTY INSURANCE POOL
**NORTH CAROLINA
JOINT UNDERWRITING ASSOCIATION**
FAIR PLAN

ACH RECURRING PAYMENT AND DIRECT DEPOSIT AUTHORIZATION AGREEMENT

You may schedule your premium payment to be automatically deducted from your checking or savings account. You may also elect to have claim payments made to you by direct deposit.

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your invoice. The charge will appear on your bank statement as an "ACH Debit".

Please check the box for each ACH payment authorized and provide the information requested below:

I hereby authorize _____ (hereinafter the Association) to charge my bank account indicated below for payment of my (our) insurance premium for the account(s) listed below.

Association Account Number(s) _____

I hereby authorize _____ (hereinafter the Association) to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries posted to my (our) account indicated below at the depository Financial Institution named below. I (we) acknowledge that this authority will remain in full force and effect until I (or either of us) have cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the applicable insurance policy.

Bank Account Type: Business Personal

Bank Account Type: Checking Savings

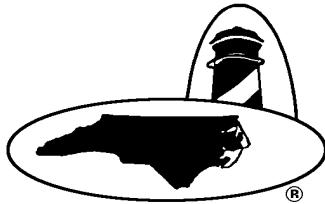
Name on Acct _____

Bank Name _____

Routing Number _____

Bank Account # _____





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Please select your pay plan:

Monthly Automated **Email Address is Required** _____

Bi-Monthly Automated **Email Address is Required** _____

Quarterly Automated

Semi-Annual Automated

Full Pay Automated

This authorization is to remain in full force and effect until the Association has received written notification from me (or any of us) of its termination in such time and manner as to afford the Association and Financial Institution a reasonable opportunity to act on it. I (we) agree to notify the Association in writing of any changes in my (our) account information or termination of this authorization prior to the next draft date. If the above noted periodic payment dates fall on a weekend or holiday, I (we) understand that the payment may be executed on the next business day. In the case of an ACH Transaction being rejected for reasons including (but not limited to) Non-Sufficient Funds (NSF), closed bank account, invalid bank account, etc., I (we) understand that the Association may at its discretion charge an additional \$25 return payment fee for each transaction returned unpaid. I (we) 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.

NAME: _____

SIGNATURE: _____ DATE _____