

# Authorization for Bank Draft Deductions

Complete form, attach a voided check and mail to: Germania Companies  
PO Box 1400  
Brenham, TX 77834-1400  
or fax to Germania's home office at: 979-830-7544.

## Automatic Bank Draft Authorization Form

### Authorization For Bank Draft Deductions

Name as shown on account:

\_\_\_\_\_ Client Id No. \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_  
*(PO Box, Street Address)*

Transit/ABA No.: \_\_\_\_\_  
*(City, State, Zip Code)*

Account No: \_\_\_\_\_

Checking  Savings

You, the bank, are authorized to initiate debit entries to my(our) account by and payable to Germania Companies for insurance premiums and related fees for the above referenced insurance policy as well as any renewal or additional insurance policy or coverage, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such entry shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such entry. I further agree that if any such entry be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Signature of Depositor: \_\_\_\_\_ Date: \_\_\_\_\_

Insured's Phone Number: \_\_\_\_\_

| Policy Number | Draft Date (1 <sup>st</sup> — 28 <sup>th</sup> ) | Policy Number | Draft Date (1 <sup>st</sup> — 28 <sup>th</sup> ) |
|---------------|--|---------------|--|
| _____         | _____  | _____         | _____  |
| _____         | _____  | _____         | _____  |
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