



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____ Policy Number: _____

I (we) hereby authorize Chesapeake Employers' Insurance Company (Chesapeake Employers) to initiate debit entries to my (our) Checking Account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is for a one-time only transaction. Transaction amount: \$ _____

I acknowledge that I am the owner or authorized signer on the account information entered on this form.

Print Name: _____ Signature: _____

Date: _____

Please call, fax or email the reference number to:

Phone: _____

Fax: _____

Email: _____

INSTRUCTIONS:

- 1. Fax back to: 410-339-6726 or Email to: CheckPay@ceiwc.com**
2. A copy of your voided check must be attached to complete the transaction.
3. Drafts returned unpaid or marked NSF may be subject to a \$35 NSF fee.
4. If you have any questions, please call Customer Service at 410-494-2000 or 800-264-4943.

For online services, please visit www.ceiwc.com to create an account today!