



Electronic Monthly Recurring Payment Agreement Authorization

Policy: 00

Premium Deposit: _____

Installment:

Payment Method: Electronic Payment / ACH

Transaction Date:

I, _____ hereby authorize Service First Insurance Group, LLC, Agent For Cypress Texas Lloyds ("The Company") to process the above deposit transaction as my initial policy down payment.

I agree for "The Company" to continue to automatically debit the above installment amount from my bank account via electronic debit on the 9th of every month according to an agreed upon recurring monthly installment plan.

Terms of the Monthly Recurring Plan

- Includes a two month deposit and 10 monthly installments.
- The deposit is due with this application or initial enrollment.
- The first installment will be drafted approximately 30 days after the policy effective date (06/08/2013) continuing every month on the same day thereafter until the policy is paid in full.
- If the premium due date normally falls on the 31st of the month, payment will be drafted on the last day of the month.
- A service charge of \$1.00 will be applied to all payments.
- If the deduction amount decreases or increases by \$1.00 or more, a Notification of Change in Electronic Premium Payment will be sent at least 10 days prior to the next deduction detailing the payment amount and the date the next payment will be debited from the bank account.
- If I choose to terminate this recurring electronic payment plan by removing authorization for the electronic debit against my account, I will be required to pay the remaining balance due on the policy at that time or "The Company" may, at its discretion, cancel the policy and refund any unearned premium (if any) to the insured.

I understand these are electronic transactions where funds from my bank account are automatically debited and transferred to "The Company's" bank account. This process is performed over the web and I will not be able to issue a stop payment on this, or future recurring transactions. In the event these transactions cannot be completed for any reason, including but not limited to, insufficient funds in my account or insufficient or inaccurate information provided when submitting the payment, further collection may be undertaken by "The Company", including application of returned check fees to the extent permitted by law.

Account Owner:

Authorizing signature: _____ Date: _____

To review, change, or cancel your monthly recurring electronic payment agreement or make changes to your bank account information please contact your agent at the location noted below.

Andrew McKirahan
SUPERIOR ACCESS INSURANCE SERVICES INC
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Austin TX 78730
(512) 687-6702