Sycamore Specialty Underwriters
3001 W. Big Beaver Rd., Suite 504
Troy, MI 48084
844-845-9965

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS

☐New Policy **(Keep in Agency File)** ☐ Change to Bank Information **(Email to accounting@coniferinsurance.com)**

***** Customer MUST receive a copy of this authorization *****

I hereby authorize Sycamore Specialty underwriters and its subsidiaries, hereinafter called Company to initiate monthly deductions from my checking account identified below. These monthly withdrawals will be payment of premium and fees on the insurance policy issued by Company to me, and any renewals thereafter.

I authorize the Financial Institution named below as the DEPOSITORY to accept and post entries to my account.

I understand this authorization allows Company to adjust the monthly deductions to reflect any premium changes and policy renewals. Company agrees to notify me at least ten (10) calendar days prior to making a deduction that is different than the Monthly Withdrawal Amount on the most recent Automatic Bank Account Withdrawal Schedule issued by Company. We do not reverse entries back directly to the account.

CUSTOMER INFORMATION

Insured Name: _____ Policy Number: _____

CUSTOMER BANK INFORMATION (The customer must be a primary bank account holder)

Name(s) on the Account: _____

Name of the Financial Institution: _____

Branch Address of Financial Institution: _____

PLEASE NOTE THAT THE ACCOUNT MUST BE A CHECKING ACCOUNT.

Account #: _____ Routing/Transit/ABA #: _____

This authorization will remain in effect until I provide notice to company and the DEPOSITORY of its termination. I may terminate this authorization by writing Company. We do not cancel a scheduled withdrawal unless a payment is made manually by calling Company within 10 business days of the withdrawal date. Company will not cancel a scheduled withdrawal without a substitute method of payment. In order to process a bank account change, Company must receive notice at least ten (10) business days prior to the Monthly Withdrawal Date.

Per standard banking procedures, funds need to be available one (1) day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Company will apply an NSF fee to the next monthly deduction. Company will notify me of the revised monthly deduction amount. Please note: EFT withdrawals from your bank account will be made by **Sycamore Specialty Underwriters**.

Signed x_____ Date _____

Signed x_____ Date _____
(Additional account holder)

Mailing Address:
Sycamore Specialty Underwriters
3001 W. Big Beaver Rd., Suite 504
Troy, MI 48084

Phone Number:
844-845-9965

Email:
accounting@sycins.com

IMPORTANT NOTE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account and/or routing number than the one shown on your check. You may wish to verify these numbers with your local office to assure proper set up for withdrawals.

PLEASE NOTE: The Monthly Withdrawal Date may not be changed during the policy period.