



Authorization Agreement for Recurring Payments

Complete and sign this form to authorize RHP General Agency, Inc. to make recurring debits from your account.

3730 Kirby Drive Suite 850 Houston, TX 77098 | 888.432.9393 | 713.621.9393 | Fax 713.621.9797
Return to: RHPAccounting@rhpga.com

Your signature on this form authorizes us to debit your account for the amount indicated on your billing plan.

Date requested for withdrawal: _____

Note: If this is a change in the middle of the policy term, we may have to rewrite your policy

This authorization will remain in effect for the term of the policy or until Company has received written notification of its termination in such time and manner to afford Company and the depository institution name below ("Depository Institution") reasonable time to process the termination, which notice period shall in no event be less than five (5) business days.

If any changes occur to the Account information as provided by Insured, then Insured agrees to notify Company within ten (10) business days of such change. Insured agrees within ten (10) business days of such change. Insured agrees to notify Company within two (2) business days if the Account is closed, seized or frozen, or any other action is taken upon the Account by the Depository Institution or any other entity that would affect the debiting or crediting of funds to the Account.

INSURED RELEASES AND HOLDS COMPANY HARMLESS FROM ANY ERRORS OF THE DEPOSITORY INSTITUTION OR OF ITS AGENTS, EMPLOYEES, OR INTERMEDIARIES ARISING OUT OF THIS AUTHORIZATION, EVEN IF SUCH ERRORS ARISE OUT OF THE NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, INTENTIONAL TORT OR OTHER FAULT OF COMPANY, AND EXCEPTING ONLY WHERE SUCH ERRORS ARE DETERMINED BY A COURT OF COMPETENT JURISDICTION TO HAVE BEEN CAUSED BY THE SOLE NEGLIGENCE OR OTHER FAULT OF COMPANY.

Signature: _____

Date: _____

For EFT debits to your bank account fill out the below:

Name of Bank: _____

City: _____ **State:** _____ **Zip Code:** _____

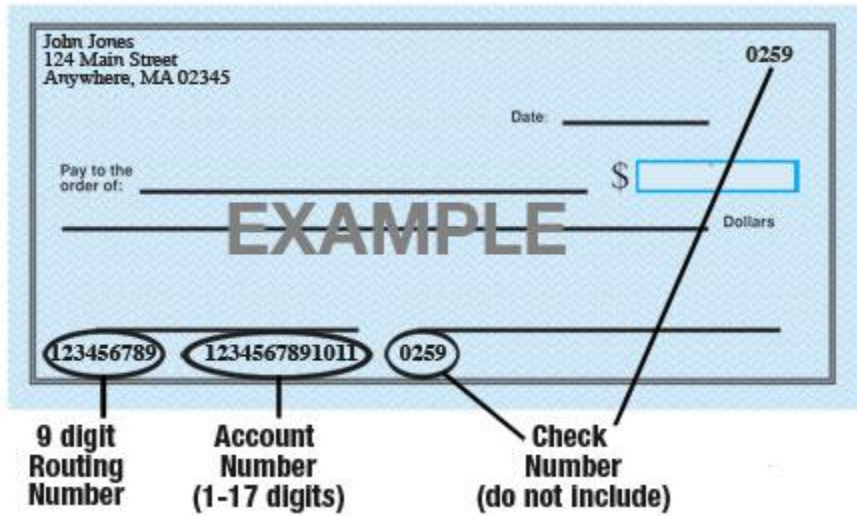
Account Number: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Depository Type: Bank Credit Union Savings & Loan Other (Circle One)

Explain Other: _____



For EFT debits to your credit or debit card fill out the below:

Name on the Card: _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Card Number: _____

Expiration Year: _____ **Expiration Month:** _____

CVV: _____

Type of Card: Credit Card Debit Card (Circle One)

The **CVV or CVV2 Number** ("Card Verification Value") on your credit card or debit card is a 3-digit number on VISA®, MasterCard® and Discover® branded credit and debit cards. On your American Express® branded credit or debit card it is a 4-digit numeric code.

