



PURE High Net Worth Insurance

Debit Authorization

**Please return this document
if you intend to pay
premium by electronic
funds transfer.**

Authorization Agreement for Preauthorization Payments

Member Name

Member Account #

I (we) hereby authorize Pure Risk Management, LLC, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY INFORMATION

Bank Name

Branch Name

City

State

Zip Code

Routing Number

Account Number

The authorization is to remain in full force and effect until Pure Risk Management, LLC has received written notification from me (or either of us) of its *termination within 15 days* to afford Pure Risk Management, LLC and DEPOSITORY a reasonable opportunity to act on it.

Account Holder Signature

Print Name

Date

Joint Account Holder Signature
(if applicable)

Print Name

Date