

**NORTH CAROLINA
INSURANCE UNDERWRITING ASSOCIATION**

COASTAL PROPERTY INSURANCE POOL

**NORTH CAROLINA
JOINT UNDERWRITING ASSOCIATION**

FAIR PLAN

ACH PAYMENT AND DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Here's How ACH Payments Work: You authorize charges to your checking or savings account. The charge will appear on your bank statement as an "ACH Debit".

Please check the box for each ACH payment authorized and provide the information requested below:

Producer Code(s): _____

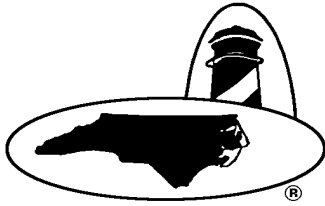
Producer Name: _____

PREMIUM DRAFT ACCOUNT

I hereby authorize the North Carolina Joint Underwriting Association and the North Carolina Insurance Underwriting Association (hereinafter the Associations) to draft my (our) trust account indicated below for payment of insurance premiums on behalf of mutual customers. This agreement and my (our) authorization shall remain effective as to the producer code(s) listed above and as to the producer code(s) referenced by any additions, updates or changes that I (we) later make.

Bank Account Type: <input type="checkbox"/> Business <input type="checkbox"/> Personal	PREMIUM DRAFT ACCOUNT
Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Routing Number _____	
Account Number _____	

FINANCIAL INSTITUTION
YOUR CITY, STATE 12345
⑈00100⑈ ⑈000067894⑈ ⑈2345678⑈
Check Number Routing Number Account Number



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FAIR PLAN

COMMISSION DIRECT DEPOSIT ACCOUNT

I hereby authorize the North Carolina Joint Underwriting Association and the North Carolina Insurance Underwriting Association (hereinafter the Associations) to deposit commission (electronic and otherwise) and, if necessary, withdraw adjustments for any erroneous deposit entries posted to my (our) account indicated below at the depository Financial Institution named below. This agreement and my (our) authorization shall remain effective as to the producer code(s) listed above and as to the producer code(s) referenced by any additions, updates or changes that I (we) later make.

Bank Account Type: <input type="checkbox"/> Business	<input type="checkbox"/> Personal	COMMISSION DEPOSIT ACCOUNT
Bank Account Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Name on Acct _____		
Bank Name _____		
Routing Number _____		
Account Number _____		

FINANCIAL INSTITUTION
YOUR CITY, STATE 12345

001001 000067894 12345678*

Check Number Routing Number Account Number

This authorization is to remain in full force and effect until the Associations have received written notification from me (or any of us) of its termination in such time and manner as to afford the Associations and Financial Institution a reasonable opportunity to act on it. In the case of an ACH Transaction being rejected for reasons including (but not limited to) Non-Sufficient Funds (NSF), closed bank account, invalid bank account, etc., I understand that the Associations may at its discretion charge an additional \$25 return payment fee for each transaction returned unpaid. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this charge with my bank so long as the transactions correspond to the terms indicated in this authorization form.

NAME: _____

SIGNATURE: _____

DATE _____