



Authorization Agreement for Automatic Debits

I hereby authorize Nation Safe Drivers (hereafter, NSD) to debit my ___Checking account at the BANK indicated on the attached VOIDED check. NSD, if necessary, may also reverse any debits made to correct any errors. Should my draft not be honored by my Bank for any reason, I realize that I am responsible for the payment, including a \$35 service fee. This authority will remain in effect until NSD has received written notification of intent to cancel services. **Also, we require an email address for confirmation of withdrawal amounts.**

FAX THIS FORM BACK TO: (561) 226-3601

Agency Name_____ (please print)

Agency Address:_____

City_____ State_____ Zip_____ Phone#(____)_____

Agent Code_____

Authorized Signature_____

Printed Name_____ Date_____

Email (ACH confirmation address):_____

BANK NAME_____

Transit/Routing #_____

Account #_____

*****ATTACH A VOIDED CHECK*****

****If ACH account is for multiple locations, please use attached form.**

Additional Locations

1. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone# (____) _____
2. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone#(____) _____
3. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone#(____) _____
4. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone#(____) _____
5. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone#(____) _____
6. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone#(____) _____
7. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone#(____) _____
8. Agent Name _____
(please print)
Agency Address: _____
City _____ State _____ Zip _____ Phone#(____) _____