



Named Insured:

Effective Dates:

Policy #'s:

Please use the information below to set up ACH Collection (electronic debits) with the above referenced **Customer Name**. A VOID check sample is attached. A “pre-notification” test transaction will be sent to confirm the account information prior to the activation of the service.

I acknowledge and approve the above referenced transaction with **Hospitality Insurance Group**. This transaction shall remain in full force until one or both parties send a cancellation notice in writing with (60) days notice to terminate. I further confirm that I am authorized to sign on behalf of the above account.

(Authorized Signature)

Date: _____