# Authorization Agreement for Recurring ACH Payments

**Company Name:** Audit1, LLC
**Company Address:** [Insert Company Address]
**Email:** support@audit1.com

By accepting this agreement, you ("the Account Holder") authorize **Audit1, LLC** to initiate electronic debit entries to your designated bank account, and if necessary, to make credit entries and adjustments for any debit errors, in accordance with the rules of the **National Automated Clearing House Association (NACHA)**.

These ACH transactions will be made for the purpose of collecting **insurance premiums, policy fees, taxes, and other related charges** associated with your insurance policy or policies managed through Audit1, LLC or its affiliates.

## Terms of Authorization

1. **Recurring Payments**
   This authorization is recurring and will remain in effect for the duration of each insurance policy term. Audit1, LLC will process payments as they become due in accordance with the billing schedule of your insurance policy or related agreements.
2. **Notification of Charges**
   You will be notified of the amount and date of each withdrawal prior to the transaction in accordance with your policy's billing terms.
3. **Revocation of Authorization**
   You may revoke this authorization at any time by doing one of the following:
   - Emailing a written notice to **support@audit1.com**, or
     Notifying your **insurance agent** or **insurance company** directly.
     Revocations must be received at least **five (5) business days** prior to the scheduled withdrawal date.
4. **Account Information Changes**
   You agree to promptly notify Audit1, LLC of any changes to your bank account information to avoid payment interruptions.
5. **Policy Term and Renewals**
   This authorization will automatically renew with each new or renewed policy term unless expressly revoked.
6. **Termination by Audit1, LLC**
   Audit1, LLC reserves the right to **terminate Agreement** immediately if:
   - The policyholder **fails to report payroll, sales, or other exposure information** timely.
   - The policyholder incurs **more than two (2) NSF occurrences**.
   - The policyholder **directs their financial institution to reverse, reject, or unauthorize** any previously approved transactions.
7. **Electronic Acceptance**
   This agreement may be **accepted electronically** through Audit1, LLC's online platform or secure portal. Electronic acceptance has the **same force and effect** as a signed document.

## Bank Account Information

Bank Name | _____ |
Routing Number | _____ |
Account Number | _____ |
Account Type | ☐ Checking ☐ Savings |

## Account Holder Authorization

By signing below, or by accepting electronically, I authorize Audit1, LLC to debit my account as indicated above for insurance-related payments. I understand I may revoke this authorization.

Account Holder Name | _____ |
Signature | _____ |
Date | _____ |

## For Office Use Only

Customer/Policy Number | _____ |
Effective Date | _____ |
Authorized By (Audit1, LLC) | _____ |