

## Authorization Agreement for One Time Direct Payment (ACH Debit)

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Company Name

BCBSM/BCN CID Number

\_\_\_\_\_  
 Depository Name

\_\_\_\_\_  
 Payment Amount

\_\_\_\_\_  
 Routing Number

\_\_\_\_\_  
 Account Number

1. By agreeing to this account payment authorization, you authorize Small Business Insurance Services, LLC (SBIS) to initiate a single clearing house (ACH) debit entry from the checking or savings account you specify to initiate a charge from your specified account. The amount debited from your checking or savings account will be the then current balance on your account. Your current balance is the amount on your last statement, less credits or payments posted to your account after your statement was issued.
2. You agree to be bound by any rules your financial institution requires for electronic funds. You are responsible for all fees charged by your financial institution associated with the payment option.
3. SBIS LLC SHALL BEAR NO LIABILITY OR RESPONSIBILITY FOR ANY FEES OR LOSSES OF ANY KIND THAT YOU MAY INCUR AS A RESULT OF A PAYMENT MADE ON ITEMS INCORRECTLY BILLED OR FOR ANY DELAY IN THE ACTUAL DATE ONWHICH YOUR ACCOUNT IS DEBITED.
4. SBIS reserves the right to change these terms or terminate this program at any time. Notice may be given on or with your statement or by other methods.
5. These terms do not in any way terminate, amend or modify other terms, agreements or policies that apply to your SBIS account or any SBIS services you receive or other agreements you may have with SBIS. By signing below, you consent to all of the terms set forth above and authorize SBIS to use the checking/savings account information provided by you to SBIS for payment of the current balance on your SBIS account.

Name

Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

*Note: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.*