



## AUTHORIZATION TO INITIATE DRAFT PAYMENT

### AGENCY INFORMATION

Agency Name:

Telephone:

Contact Name:

Email Address:

### BANK INFORMATION

Bank Name:

Account Name:

Type:

☐ Checking ☐ Savings

Routing Number:

Account Number:

*Must attach copy of a voided check or bank letter for account number verification.*

### POLICY INFORMATION

Up to three policies may be listed for payment below. List additional policies on a separate sheet.

Named Insured:

Policy:

Net Premium:

Named Insured:

Policy:

Net Premium:

Named Insured:

Policy:

Net Premium:

**TOTAL DRAFT AMOUNT:**

### AUTHORIZATION

I hereby authorize Vanguard Specialty LLC to initiate a one-time debit entry to my (our) account, at the financial institution named above, within five (5) business days.

This authorization is for a single transaction for the total draft amount indicated above. This does not provide authorization for any additional debits or credits.

Printed Name:

Title:

Signature

Date

Submit completed form and copy of voided check to [SpecialtyAccounting@VanguardSpecialty.com](mailto:SpecialtyAccounting@VanguardSpecialty.com).