



AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT WITHDRAWALS

Company Name: _____ Member#: _____

DBA: _____

I (we) hereby authorize CCMSI, the Third Party Administrator, on behalf of LEMIC Insurance Company, hereinafter called **LEMIC**, to initiate debit entries to our: (select one)

- Checking Account Savings Account

indicated at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Deductions are to begin with:

- Down payment and continue with premium installments according to billing schedule ††**
 Premium installments according to billing schedule (**do not draft down payment**) ††**

†† *I understand that the money will be transferred on or within five (5) days of the due date in an amount equal to my invoiced billing for workers' compensation coverage. If draft amount changes during a policy period due to an endorsement, notice of change in the amount will be sent in the form of an invoice. ** Invoices resulting from an audit will not be drafted by authorization of this agreement.*

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until LEMIC has received written notification of its termination no fewer than 20 days prior to the effective date of termination. *Changes to this authorization must be provided to LEMIC in writing by insured or their authorized agent.*

Name(s): _____ Title: _____ (Please print)

Date: _____ Signature: _____

****PLEASE ATTACH A VOIDED CHECK
AND RETURN TO
CCMSI • P. O. BOX 6967 • METAIRIE, LA 70009****