



## Authorization for Automatic Cash Withdrawal

I, \_\_\_\_\_, hereby authorize Bridger Insurance, a California  
*(your name)*

Corporation, to withdraw any amounts owed (ex: AutoApp and AutoPay)

by \_\_\_\_\_ by initiating debit entries to my account  
*(full, legal business name, not DBA)*

at the financial institution indicated below.

I further authorize the financial institution named below to accept such automatic deposits to or withdrawals from my account by Bridger Insurance and to automatically credit or debit, as the case may be, such amounts.

<i>Financial Institution</i>		<i>Branch</i>
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Routing Number</i>	<i>Account Number</i>	

I understand I may cancel this authorization at any time. To cancel, I must send notice to Bridger Insurance by certified mail. My cancellation will become effective when Bridger Insurance receives my written notice of cancellation and has had a reasonable period of time to process it.

By signing this form I am certifying the above information is correct and I am authorized by our organization and financial institution to sign this form.

\_\_\_\_\_  
*Bridger Producer Code*

\_\_\_\_\_  
*Signature (Principal or Corporate Officer)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**Please attach a voided trust account check to this form. Authorization CANNOT be processed without voided check and signature of Principal or Corporate Officer.**

