

**NOT ENROLLING ONLINE?**  
 Be sure to complete the applicable payment option & fax or mail with your Enrollment Form to CalSurance.

# Agents of ARMtech

## Errors and Omissions Insurance

### Payment Authorization Form



#### Premium

Total Agency Premium Due:

\$

Agency Name

Mid-Term enrollment may result in fewer than four (4) payments (see below).

#### Request for Payment By Credit Card (Full Pay or 4 Pay Installment)

I authorize Brown & Brown of California, Inc. dba CalSurance to process my premium by premium b Credit Card installment. I understand that if any of the scheduled installment dates have passed at the time of my enrollment, my premium will be divided between the remaining installment dates. Without a completed Payment Authorization Form, the enrollment form **WILL NOT** be processed.

Account Number:  Mastercard  Visa (We do not accept Debit Cards)

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Expiration Date of Credit Card:  -  Today's Day:

Cardholder's Signature:

#### Request for Payment By ACH Installment – (Complete this section of choosing Debit to Checking Payment Option)

I (we) hereby authorize Brown & Brown of California, Inc., dba CalSurance, hereinafter called COMPANY, to initiate electronic debit entries or effect a change by any other commercially accepted method, to my (our) checking account indicated below at the financial institution named below, hereinafter called Depository and to debit the same to such account. This authority is to remain in full force and effect until COMPANY and Depository have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it.

I would like to pay my premium (above) in four equal installments by pre-authorized debits from my checking account. I understand and authorize Brown & Brown of California, Inc., dba CalSurance, to process the first installment on the date the enrollment form is received and the remaining on, June 1, 2008, September 1, 2008 and December 1, 2008. I understand that a \$7.50 processing fee will be added to the premium on each installment. If any of the scheduled installment dates have passed at the time of my enrollment, I understand that my premium will be divided between the remaining installment dates. Please return the enrollment form, the Payment Authorization Form, and a voided check for processing. Without the enrollment form and the completed Payment Authorization Form, this Enrollment **WILL NOT** be processed.

I (we) agree that if premiums are not paid as scheduled or as in the event withdrawals are dishonored, coverage shall terminate upon ten (10) days Notice of Cancellation.

Name of Financial Institution: \_\_\_\_\_

Address or Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit / ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If account requires two signatures)

**FUTURE INSTALLMENT PLAN PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE DATE THE APPLICATION IS RECEIVED AND:**

June 1, 2008

September 1, 2008

December 1, 2008

