

Chenango Brokers, LLC

65 West Front Street

P. O. Box 460

Hancock, NY 13783-0460

800-403-3738 ~ 607-637-3200 FAX

**AUTHORIZATION AGREEMENT FOR DIRECT DEBITS
(ACH DEBITS)**

Policy #: _____

Customer Name: _____

I (we) hereby authorize Chenango Brokers, LLC, hereinafter called COMPANY, to initiate the debit entry as described below, from my (our) ___ Checking ___ Savings account (select one) indicated below.
This authorization is for this payment only and is not meant for recurring payments.

BANK _____ LOCATION _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

ACCOUNT TITLE _____

AMOUNT \$ _____

E-MAIL CONFIRMATION TO _____

NAME(S)/AUTHORIZED SIGNER: _____
(please print)

DATE _____

SIGNED _____

SIGNED _____

