



AUTHORIZATION AGREEMENT FOR WIRE TRANSFER OF FUNDS

I (we) hereby authorize Amelia Underwriters, Inc. hereinafter called "company", to initiate payment credit entries to my (our) checking account indicated below and the depository named below, hereinafter called The Bank, to credit the same to such account.

Depository (The Bank)

Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA Number _____ (9-digit number)

Account Number _____ (Attach voided check)

This authorization is to remain in full force and effect until the "company" has received written notification from me (us) of its termination in such time and in such manner as to afford AU and The Bank a reasonable opportunity to act on it.

Agent Number _____

Agency Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact Person _____

E-mail Address _____

Note: By signing below, you are choosing to have returns electronically transferred into the account provided. A detailed log report for any monthly returns can be accessed anytime by logging into our website. This monthly report can also be emailed upon request. Please provide the name and e-mail address for the authorized agency representative to receive these statements when requested.

Name: _____ E-mail: _____

Please sign and date this document below:

Name (Please print)

Title (Please print)

Signature

Date

NOTE: PLEASE ATTACH A COPY OF A VOIDED CHECK SO WE CAN VERIFY YOUR ACCOUNT NUMBER AND YOUR BANK'S TRANSIT NUMBER.