



Electronic Funds Transfer (EFT)

Authorization Form

This form is being used for the initial payment of your policy only and cannot be used to make subsequent payments once your policy is bound. Subsequent payments are the responsibility of the insured.

Name of Insured: Surendra Ojha

Address of Insured: Dadeldhura

Amount of Transaction: 10000

Method of Payment

Bank Account Number: 1234567891011121

Routing Number: 12345678910

OR

Credit Card # _____

*******Must add 4% service charge to all credit card transactions**

Expiration date _____ CSV _____

Billing Address Zip Code _____

I authorize Abacus Insurance and Financial Services, LLC to charge my credit card or debit my bank account (per method as indicated above) for the amount listed.

If a payment is returned due to [insufficient funds, a closed account, etc.], there will be a \$15.00 fee applied.

Signature of Insured: _____ Date: 2020-01-08