

Insurance Finance Corporation  
P.O. Box 315  
Des Moines, IA 50306-1315  
Phone: (515) 223-0519  
Toll Free: (800) 247-4190  
Fax: (515) 223-0226



## Debit Authorization

I (we) hereby authorize Insurance Finance Corporation, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City / State)

\_\_\_\_\_  
(ZIP)

\_\_\_\_\_  
(Routing Number - see illustration below)

\_\_\_\_\_  
(Account Number - see illustration below)

Type of Acct: ☐ Checking  
☐ Savings

A verification payment of \$1.00 will be taken from the above account and applied to your IFC account when established.

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

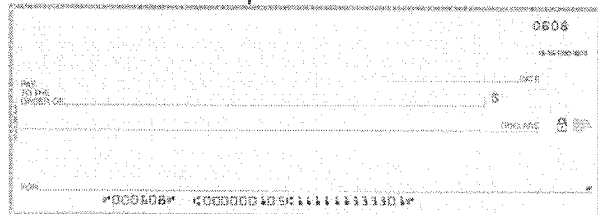
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Individual ID Number)

\_\_\_\_\_  
(Date)

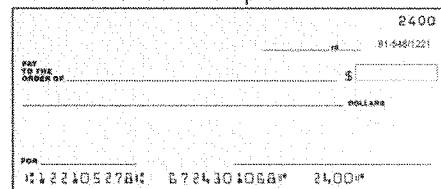
PLEASE ATTACH A VOIDED CHECK FOR THE ABOVE ACCOUNT TO THIS FORM. YOUR REQUEST  
CANNOT BE PROCESSED WITHOUT ONE.

### Business Check Example



Routing Number      Account Number

### Personal Check Example



Routing Number      Account Number

IFC Web RQ  
Prepared by: Test Agent