



ACH AUTHORIZATION FORM

Name of individual or company	
Address of individual or company	

On behalf of the above named individual or company, I (we) hereby authorize POINT COMFORT UNDERWRITERS, INC. to initiate entries to my (our) checking/savings account at the financial institution listed below. This authority will remain in effect until POINT COMFORT UNDERWRITERS, INC. is notified by me (us) in writing to cancel it in such time as to afford POINT COMFORT UNDERWRITERS, INC. and the financial institution listed below a reasonable opportunity to act on it.

Name of Financial Institution	
Address of Financial Institution – Branch, City, State & Zip	
Financial Institution Routing Number	
Checking/Savings Account Number	
Signature	
Title	
Date	

Send completed form to:
Point Comfort Underwriters, Inc.
306 Prospect Street, #100
Indianapolis, Indiana 46225
Email:providers@pointcomfort.com