

DIRECT DEBIT AUTHORIZATION:

**AUTHORIZATION TO HONOR ELECTRONIC FUNDS TRANSFERS DRAWN BY AND PAYABLE TO:
South Carolina Wind and Hail Underwriting Association**

FULL NAME OF BANK:		BANK PHONE NUMBER:
BANK BRANCH LOCATION:		
BANK ADDRESS, CITY, STATE, ZIP:		
BANK ACCOUNT IN THE NAME OF:		BANK ROUTING NUMBER:
		BANK ACCOUNT NUMBER:

Until further written notice by me, I authorize South Carolina Wind and Hail Underwriting Association to debit the account described above for payment of premium. This authorization shall continue in force until revocation in writing by me is received by the South Carolina Wind and Hail Underwriting Association.

Date: _____

Signature of Agency Principal: _____

Name of Agency Principal (please print): _____

Name and Address of Agency: _____

Phone Number : _____

4 digit SCWHUA Broker Number : _____
(can be found on any SCWHUA
declarations page in the broker section)

Federal Tax ID Number: _____

* If you wish to close your account or change the bank account information, notification 10 business days prior is required.

**Please complete this form, attach a voided check (not a deposit slip), and mail it to:
South Carolina Wind and Hail Underwriting Association
Attention: Underwriting Department
P.O. Box 407
Columbia, SC 29202**