



**BV TRANSITION**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

CHECK ONE: Revised Authorization \_\_\_\_\_ New Authorization \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ LAST 4 SSN: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TRANSACTION DETAILS		
FREQUENCY (Usually based on payday) <b>(PLEASE CIRCLE):</b> WEEKLY	DATE OF FIRST TRANSACTION*: _____	PREMIUM AMOUNT: _____
BI-WEEKLY	DATE OF SECOND TRANSACTION*: _____	OTHER AMOUNT (PER PAY CYCLE): <u>    N/A    </u>
TWICE-PER-MONTH		
MONTHLY	[NOTE: If this is a Revised Authorization, enter the NEW TOTAL AMOUNT to include all current policies.]	TOTAL AMOUNT: _____

**TRANSACTIONS WILL CONTINUE UNTIL AUTHORIZATION IS REVOKED\***

\* Transaction will post on or after the date indicated. All transactions will be reflected as coming from **PIEDMONT** on the monthly bank statement that corresponds with the account identified below. With this authorization, PIEDMONT is not responsible for any fees charged by your financial institution.

**PREFERRED DRAFT METHOD**

**A) IF BY CHECKING OR SAVINGS, ATTACH A VOIDED CHECK** or enter account information in the fields provided below.

FINANCIAL INSTITUTION:	Account Type: Checking _____ Savings _____
TRANSIT/ABA #	ACCOUNT #

For help identifying your Transit/ABA# and Account #, see reverse side of document for diagram.

**B) IF BY VISA OR MASTERCARD:**

CARDHOLDER NAME: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

I authorize Piedmont Payment Services, LLC (PIEDMONT) to perform electronic funds transfer (EFT) debits from the account indicated above, and I authorize my bank to debit the account as described above. I understand that the funds, less the service fee, will be used to pay premiums to insurer and that my policies may be cancelled by insurer if any EFT attempt is returned/declined resulting in insufficient funds to pay my premium in full.

If any EFT debit is returned/declined by my financial institution as unpaid (non-sufficient funds or uncollected funds), I authorize Piedmont to suspend future attempts, and I understand that I will be responsible for future premium payments.

AUTHORIZING SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

I ATTEST THAT I AM EMPLOYED BY OR A MEMBER OF THE AFOREMENTIONED GROUP. APPLICANT INITIALS \_\_\_\_\_ AGENT INITIALS \_\_\_\_\_

\*\*This authorization is to remain in full force and effect until PIEDMONT has received written notification of its termination in such time and in such manner as to afford PIEDMONT a reasonable opportunity to act on it or the until the term of the authorization expires. Modification of the credit/debit card expiration date, whether given orally or in writing, shall be treated as an extension of this authorization. Any termination notice should be sent to PIEDMONT by mail to: PO Box 1715, Columbus, Georgia 31902 or by e-mail with reply requested to: [support@piedmontpays.com](mailto:support@piedmontpays.com). By signing this document I acknowledge that I have read and agree with the Processing Terms and Conditions. If not attached here, a complete copy may be found at [http://www.piedmontpays.com/apps/home/?page\\_id=3163](http://www.piedmontpays.com/apps/home/?page_id=3163)

WRITING #: TR012152 AGENT NAME: Tim Weber

GROUP #: G000030965 GROUP NAME: TW Ventures Inc.

EMAIL: support@piedmontpays.com

FAX: (706) 760-4119

PHONE: (866) 254-5245

**Example**

Financial Institution  
510 Money St.  
Ayncity, ST. 00000

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□□

Pay to the  
Order of

□□

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⌘: XXXXXXXXX ⌘: 0000 0000

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers