



Sharp Billing Services, Inc
 P.O. Box 4254
 Capitol Heights, MD 20791
 301-499-0135

Electronic Funds Transfer (EFT) Authorization Agreement

In order for funds to be transferred electronically from your checking account to Sharp Billing Services, Inc. (Sharp) for payment of your insurance premium, it will be necessary for you to complete the information below **and** to attach a voided, blank check from the account which you will be using to make your payments. Please note that it is absolutely necessary for the insured to be an owner of the account being used for the EFT payment and for the name as the insured to be upon the account.

Name of Insured: _____

Sharp Account #: _____

Email Address: _____

Deduction Day of Each Month: _____

NOTE: This date must be the same day of the month or
 Prior to the day of the month when your payment is due.

TERMS AND CONDITIONS

1. Your payment plan premium will be electronically transferred from your account on the same day each month as indicated above. Should your payment date fall upon a weekend or holiday, the electronic transfer will be made the next business day.
2. Changes made to the payment option or cancellation of the EFT must be received at least 5 business days prior to the scheduled payment date in order to be processed for that billing cycle.
3. If a change in your insurance coverage results in a change of premium during the policy term, the total new premium will be spread over the remaining monthly periods and a new payment schedule will be provided to you.
4. Should any EFT request initiated by Sharp be denied by your Financial Institution, Sharp is authorized to assess an insufficient funds fee of \$25.00. Should more than one such EFT request be dishonored, all future payments must be made to Sharp by certified funds, money order or credit card.

By signing below, I authorize Sharp to initiate EFTs from the checking account represented by the attached, voided check for the purpose of paying the insurance premiums relating to the Sharp account number indicated above. I further authorize my Financial Institution to honor the EFTs initiated by Sharp. I understand that the authority which I am now giving will remain in effect until it is cancelled in writing.

Authorized Signature: _____ Date: _____