AUTOMATIC PAYMENT
(ACH DEBIT)

I hereby authorize Diederich Insurance Agency LLC ("Diederich") to initiate an electronic debit entry to my checking account indicated below for an initial payment due under my insurance policy or policies.   I further authorize the financial institution named below to deduct the electronic debit from my checking account.   The amount to be deducted for the initial payment will be **$1,858.00.**   This authorization applies only to the initial payment set forth in the preceding sentence and is not an authorization for any additional debits from my account.

I understand that if the electronic debit entry for the initial payment is rejected or returned due to insufficient funds, a stop payment order or the closure of the checking account, I will be required to pay a $25.00 fee to Diederich.

I understand that Diederich may incur substantial financial penalties in the event an electronic debit entry is not honored by my financial institution.   I agree and understand that I am obligated to pay Diederich the amount of any financial penalty caused by the rejection of an electronic debit entry unless the rejection is caused solely by Diederich.

FINANCIAL INSTITUTION: _____

BRANCH NAME (if any): _____

CITY/STATE/ZIP: _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

_____
Account Holder's Name (Print or Type)

_____   _____
Account Holder's Signature   Date

ATTACH VOIDED CHECK TO THIS FORM