CALIFORNIA JOCKEYS WELFARE CORPORATION & INSURANCE OFFICE OF AMERICA

ACH Recurring Payment Authorization Form

INSURED NAME: _____

I hereby authorize Midlands Management Corp (COMPANY), appointed on behalf of Insurance Office of America, to debit my savings or checking account (ACCOUNT) for my monthly health insurance premium at the financial institution listed below (FINANCIAL INSTITUTION), and if necessary, to initiate adjustments for any transactions credited or debited in error. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that COMPANY may at its discretion attempt to process the payment again within 30 days, and I agree to a $35 charge for each transaction returned as NSF. I agree to notify COMPANY in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that this authorization will remain in effect until I cancel it in writing.

_____

FINANCIAL INSTITUTION

_____

FINANCIAL INSTITUTION Branch Name & Address

Check One: ◯ Authorize ◯ Change Bank ◯ Stop Authorization

FINANCIAL INSTITUTION Routing Number: ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___

◯ Checking ◯ Savings ACCOUNT Number: _____

_____

Authorized name listed on ACCOUNT, if different than insured

_____

Address

_____ _____

Phone Email

_____ _____

SIGNATURE DATE

Alma Saenz - habla español
(925) 660-3525
Alma.Saenz@ioausa.com
Fax (925) 416-7869

INSURANCE OFFICE OF AMERICA
3875 Hopyard Road, Suite 240, Pleasanton, CA 94588

Robert Colton
(302) 388-3004
recolton@gmail.com
deljocks.com