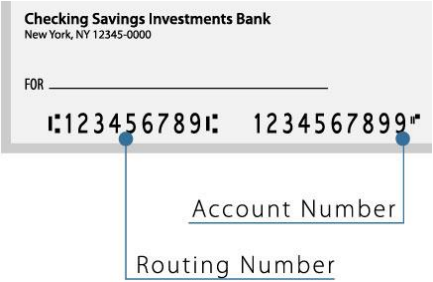


### FUBA WORKERS' COMP - AUTHORIZATION FOR ONE-TIME EFT DEBIT

I authorize FUBA Workers' Comp to initiate a **one-time** EFT debit from the bank account named below for the amount specified.

<b>Business Name</b> _____	
<b>Policy # (if known)</b> _____	
<b>Email</b> _____	
<b>Bank Name</b> _____	
<b>Amount \$</b> _____	 <p>Checking Savings Investments Bank New York, NY 12345-0000</p> <p>FOR _____</p> <p>⑆123456789⑆ 1234567899* Account Number Routing Number</p>
<b>Routing #</b> _____	
<b>Account #</b> _____	
<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>	

I understand that if this payment is dishonored by the bank, the insurance policy may be subject to cancellation and a \$15.00 fee will be charged.

I am authorized by the business named above to sign this document. By entering my name in the box below, I am electronically signing this document and authorizing this one-time EFT debit.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date