*1st Guard Corporation*

Dear insured:

Thank you for your interest in 1st Guard Corporation's new monthly direct debit payment option.

This option provides you with both added convenience and flexibility. Most importantly you no longer have to worry about missing a premium payment when you are out on the road.

For your protection would you please provide us with the account information indicated below? Sign the Terms and Conditions section. Then return this letter to us immediately along with a voided check from the same account in the enclosed self-addressed envelope.

Thank you for your assistance. We truly appreciate your business.

Sincerely,
**1st Guard Corporation**

Edmund B. Campbell, III
Chairman

Insured Name: _____

Insured Acct#: (As on insurance bill) _____

**Bank Acct Information** Checking or Savings: _____

Your First Name: _____ Your Last Name: _____

Bank Name: _____

Bank City: _____ Bank State: _____

Bank Routing # (ABA) (9 digits): _____ Bank Acct #: _____

Bank Acct Name: _____

Bank Contact (optional): _____

Bank Phone (optional): _____ Bank Fax (optional): _____

## Terms and Conditions:

I hereby authorize 1st Guard Corporation to direct debit the above referenced account on or about the 1st business day of each month for the amount of the insured's account balance at that time.

I hereby acknowledge that this agreement can be terminated at anytime by either myself or 1st Guard Corporation through written or verbal notification. I also acknowledge that this agreement shall terminate automatically if all the policies with 1st Guard Corporation terminate.

Signed: _____ Date: _____
Authorized Signor on Account

*200 Nokomis Avenue South, 4th Floor • Venice, Florida 34285*

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