

Onetime Electronic Debit Payment Authorization Form

This form may be used to authorize a onetime electronic debit payment. Please complete the requested information and attach a copy of a voided check in the space provided below.

NOTE: Only use for emergency payment situations. Will not be accepted for ongoing payments.

Group Information

Group Name: _____ CoPower
Group ID: _____

Bank Account Information (Must be a Checking Account)

Account Holder's Name (if different from above): _____

Name of Bank: _____

Bank Routing Number: _____

Account Number: _____

Premium Amount - Number (e.g. \$50): \$ _____

Premium Amount - Written (e.g. fifty dollars): _____ dollars

I authorize CoPower (Administrators), Inc. to debit my account based on the facsimile copy of said premium check upon approval of the attached application. This payment will be electronically debited from my business bank account for the group named above using the above information provided.

This transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT).

In the event a debit is made to my account in error, I authorize CoPower (Administrators), Inc. to make a correcting entry to my account. CoPower (Administrators), Inc. will notify me of payments returned for insufficient funds or closed accounts, and repayment instructions. If this item is returned unpaid, I authorize an additional returned check fee for the maximum amount as allowed by the state to be charged to this account. I also acknowledge that CoPower (Administrators), Inc. will not be responsible for any fees incurred if the original check is mailed and cashed.

Signature: _____ Date: _____

(Must be signed by account holder to authorize debit)

To complete your authorization process, please return the completed form and voided check to CoPower at via email to requests@copower.com or fax to 650.348.1149. For questions contact CoPower at 888.920.2322.

Attach Voided Check

Please note: CoPower has the right to terminate this direct debit agreement at any time.

CoPower • 1600 W. Hillsdale Blvd., San Mateo, CA 94402
Phone: 888.920.2322 • Fax: 650.348.1149 • E-mail: requests@copower.com