



MAKEFIELD AGENCY, INC.
BUSINESS & PERSONAL INSURANCE

Makefield Agency Inc.
1098 Washington Crossing Road
Washington Crossing, PA 18977
Tele: 215-321-0281
Fax: 215-321-0284
Email: ACH@makefieldagency.com

PRE-AUTHORIZED PAYMENT (DEBIT) SERVICE AUTHORIZATION AGREEMENT

Please fill out this form and send back by Fax: 215-321-0284 OR Email: ACH@makefieldagency.com

Named Insured: _____

Effective Date: _____

I (we) hereby authorize Makefield Agency, Inc. and my financial institution listed below to electronically debit (ACH/EFT) my bank account, as specified below, in the amount of:
\$ _____

Account Holder's Name: _____

Billing Address: _____

Billing City: _____ **State:** PA **ZIP:** _____

Bank Routing #: _____

Bank Account #: _____

Type of Account: Select Account Type

Authorization Signature: _____

Printed Name: _____

Contact Phone #: _____

Email Address: _____

Date Signed: _____

Form Reset