



INSURANCE SERVICES, Inc.

Common values. Uncommon service.



TSCRA INSURANCE SERVICES, INC.

ELECTRONIC PAYMENT PROGRAM (EPP)

I authorize Texas and Southwestern Cattle Raisers Association, Inc. to deduct my monthly premium from the bank account indicated on this form. **I also understand that TSCRA Insurance Services will notify me no less than 10 days prior to the due date for any adjustment to the amount deducted from my account as a result of a rate change.** I further understand that if my monthly draft rejects due to insufficient funds, account closed status, bank ownership changes or account changes, a \$25 fee will be assessed in addition to the monthly payment due. It is my responsibility to notify TSCRA Insurance Services, Inc. 15 days prior to a scheduled debit of any changes made to my designated depository account, including, but not limited to, closed status, bank ownership changes and account changes.

Please complete the information below and **attach a voided or canceled check for the account named**. Mail or fax to:

TSCRA Insurance Services, Inc.
1301 W. 7th Street
Fort Worth, TX 76102
Fax: (817) 336-5487

Bank Name _____
Routing Number _____
Checking Account _____ Savings Account _____ (Please "X" One)
Account Number _____

I attest I am an authorized owner of the Depository Account listed below, and am exercising my powers as such.

Signature

Date

(Please Print
NAME OF PRIMARY INSURED: _____ Subscriber No. _____

NAME OF PRIMARY INSURED: _____ Subscriber No. _____

(If more than 2, attach a sheet.)

****Please allow 4-6 weeks for premium refunds due to payer on above listed bank account for policy cancellation or policy changes resulting in a refund.****