

DIRECT BILL - ELECTRONIC DEBIT AUTHORIZATION FORM

Request for Direct Bill – Electronic Debit Service

Payments via Direct Bill – Electronic Debit to **Berkley Specialty Insurance Company** are made directly from your bank account UPON YOUR SPECIFIC REQUEST. You may use this option to authorize an automatic withdrawal for the down-payment or to set-up recurring debits to include the down-payment and any remaining premium, taxes or fees. Please select one of the options below:

One-time debit in the amount of \$ _____ for the down-payment due

Set-up recurring debits. This will include the withdrawal of the initial down-payment and the remaining installments

Policy Information (please print or type)

Policy Number	Policyholder/Named Insured	Policyholder City & State
Insurance Agency		Agency City & State

Financial Institution Information (please print or type)

Financial Institution/Bank			Bank Routing Number
Bank Account Number	Checking Savings	Credit Union Member Number (if applicable)	
Bank Account Holder Name (First and Last)		Street Address	
City	State & Zip	Email Address	Contact Number
Account Holder's Signature (if other than customer)		Date	

Authorization Agreement for Direct Bill – Electronic Debit Service

I hereby certify that the bank account indicated on this form is under my direct control and access; therefore I request and authorize **Berkley Specialty Insurance Company** to initiate debit entries to the account at the Financial Institution named above for any premium payments due under the selected Direct Bill – Electronic Debit Service. I hereby request and authorize the Financial Institution named above to accept any debit entries initiated by **Berkley Specialty Insurance Company** to such account and to debit the same to such account without the responsibility for the correctness thereof.

Signature Line

Authorized Individual/Policyholder Name (please print or type)	Title
Authorized Individual/Policyholder Signature	Date

The Direct Bill - Electronic Debit Authorization Form must be completed and signed before processing your request. Funds will be withdrawn when policy is issued. A \$35 fee will be applied for insufficient funds. Incomplete and/or illegible fields and signatures may cause your enrollment to be delayed. For billing questions, please call toll free (866) 412-7742, option 1#

This form may be submitted via email to contactus@berkleyaspire.com or by clicking button below