ADVANTAGE SPECIALTY
23 Mays Landing Road, Suite One
Somers Point, New Jersey 08244
Ph: 609-365-8990 • F: 609-365-8991

AUTOMATIC DEBIT FOR POLICY PAYMENTS
SET-UP AND AUTHORIZATION FORM

NAME OF INSURED: _____

POLICY NUMBER: _____

CONTACT NAME & PHONE: _____

BANK NAME: _____

BANK ADDRESS: _____

_____

ACCOUNT NAME TO DEBIT: _____

ACCOUNT NUMBER TO DEBIT: _____

BANK ABA (Routing Number): _____

Please check one:	_____ Checking Account	_____ Savings Account

AMOUNT TO DEBIT (ONE TIME ONLY): _____

DEBIT ALL FUTURE PAYMENTS ON CURRENT POLICY AND RENEWAL MONTHLY:

Please circle one: YES NO

I hereby authorize Advantage Specialty to deduct the funds as outlined above.

_____	_____	_____
Name	Title	Date

Accounting Use Only:

Reviewed and Approved By: _____ Date: _____

FAX YOUR COMPLETED FORM TO (609)-365-8991.
PLEASE INCLUDE A COPY OF YOUR VOIDED CHECK WITH THIS FORM