



Providing flexibility, promoting uniformity

**Exhibit A**

**AUTHORIZATION FOR ELECTRONIC  
DEBIT AND CREDIT ENTRIES**

**SERFF Instance Name:** \_\_\_\_\_

The National Association of Insurance Commissioners (“NAIC”) is authorized to initiate debit entries and to initiate, if necessary, credit entries and adjustments for the correction of any debit entries in error from or to the account indicated below of \_\_\_\_\_ (COMPANY) at the financial institution indicated below:

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Routing & Transit No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Name (if applicable): \_\_\_\_\_

The Company authorizes the above-named Financial Institution to honor such requests from the NAIC and to debit or if applicable, to credit, the same to the account indicated above. The debit entries initiated by the NAIC are for the payment of DOI Fees as such term is defined in the EFT Agreement between the Company and the NAIC.

This authorization shall remain in full force and effect until the above-named Financial Institution as well as the NAIC have received written notice from the Company of termination of authority in such time and manner as to afford the Financial Institution as well as the NAIC a reasonable time to act on said termination. Notwithstanding the foregoing, this authorization shall terminate no later than thirty (30) days after written notice of termination is received by the NAIC.

Signature of Authorizing Party: \_\_\_\_\_

Printed Name of Authorized Party: \_\_\_\_\_

Title of Authorizing Party: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_



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**Exhibit B**

**EFT Enrollment Form**

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Company Name

**Treasury/Cash Management/Bank Account Manager Contact**

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Name

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Phone

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Fax

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Email

**Rate and Form Filing Department Accounting/Accounts Payable Contact**

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Name

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Phone

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Fax

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Email

**Rate and Form Filing Department Contact**

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Name

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Phone

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Fax

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Email