



**Makefield Agency, Inc.**  
Business & Personal Insurance

**Makefield Agency Inc.**  
1126 General Washington Memorial Blvd  
Washington Crossing, PA 18977  
Tele: 215-321-0281  
Fax: 215-321-0284  
Email: [ACH@makefieldagency.com](mailto: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](mailto: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: \_\_\_\_\_ ZIP: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Type of Account: \_\_\_\_\_

*By signing this form, you are authorizing Makefield Agency, Inc. and/or its Carrier partner(s) to electronically debit your account for a one-time payment, in the above amount.*

Authorization Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

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

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