

CRAFTSMAN FINANCIAL SERVICES

FAX (916) 361-7168

ACH Authorization Form

If you would like to have your payment deducted from your bank account each month on your due date, please complete this form.

Name of Policy Holder: _____

Craftsman Account #: _____

I hereby authorize Craftsman Financial Services to initiate withdrawals, and if necessary, deposits to the checking account printed on the voided check below. I acknowledge that I will be responsible for maintaining a sufficient account balance and for any fees that may occur due to insufficient funds.

Account Holder: _____ Date: _____

PLEASE SIGN

Place copy of voided check in this area.

Please write "VOID" on check
Keep original check as a receipt