



Constitutional Casualty Company

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT PREMIUM TRUST ACCOUNT WITHDRAWALS

1. Account Withdrawals.

Producer (as shown below) hereby authorizes Constitutional Casualty Company, its affiliates and subsidiaries ("Company") to instruct its financial institution to debit/withdraw those amounts requested by Company from the account listed below ("Account"). Producer understands that the withdrawal will occur no sooner than three (3) days after the date that Producer notifies the Company of the amounts owed via: (1) Company's Payment Transmittal Form. (2) New Business application, or (3) through initiation of the upload process or Company authorized Website. Any of the Payment Transmittal Forms completed by Producer, the transmittal of the new business application, or the upload process referenced above initiated by Producer, together with this Authorization Agreement, shall constitute notice to Producer of the amount and time of withdrawal from the Account. This authority remains in effect until the Company has received advance written notice of termination from Producer in time to allow Company a reasonable opportunity to act on it. Company may terminate this Agreement at any time.

Further, Producer represents that the undersigned has the authority, or is appropriately authorized to grant Company the ability to make the withdrawals or deposits to the Account.

Signature: _____ Date: _____

PRODUCER INFORMATION

Producer Name: _____

Producer Code: _____ Daytime Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

REQUIRED FINANCIAL INSTITUTION INFORMATION

Name of Institution: _____

Account Type (Select One): Checking: _____ Savings: _____

Routing Number: _____

Account Number: _____

NOTE: Please attach a voided check to this form. The transit routing number encoded on this form is necessary in order to electronically transfer funds between accounts.