



# Constitutional Casualty Company

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Agency Name:	
Agency ID Number:	
Agency FEIN:	

I (we) hereby authorize Constitutional Casualty Company, hereinafter called COMPANY, to initiate credit entries to my (our)  Checking,  Savings account (select one) indicated below at the depository named below, hereinafter called depository, to credit the same to such account.

Depository Name:	
Depository Branch Address:	
Depository City:	
Depository State:	
Depository ZIP:	
Depository Routing (ABA) #:	
Depository Account #:	

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination, in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

	1st Authorized Signer	2nd Authorized Signer
Name:		
Signature:		
SS Number:		
Date:		

Please return this form along with a photocopy of a check showing the Bank Codes to:

**Accounting Department**  
Constitutional Casualty Company  
5559 N Elston Avenue  
Chicago, Illinois 60630

or Fax this Form and a voided copy of your check back to:

**773-763-5938**  
attention: Accounting Department