



Automated Bank Transfer (EFT) ACH Collections Authorization

InsureStays Insurance Agency LLC (hereinafter "InsureStays") utilizes RentalGuardian.com as its authorized distribution and service platform. I (Me, We, Us, My, Our) hereby authorize InsureStays, for the periodic collection of coverage and Service Fees payable by Us to InsureStays in trust on behalf of its Providers, to initiate and conduct debit entries to My (Our) account(s) indicated below at the depository financial institution indicated below, hereinafter called Depository for the purpose of InsureStays Services, and, if necessary, adjustments for any entries in error to My (Our) account(s) indicated below to credit and/or debit the same to such account(s). I (We) acknowledge and authorize InsureStays to initiate an ACH Collections Draft transaction in the event I (We) have not submitted an ACH Collection payment instruction within the prior seven (7) calendar days and My (Our) coverage and Service Fee Balance Due exceeds US \$2,500. I (We) acknowledge that the origination of EFT or ACH Collection transactions to My (Our) account must comply with the provisions of United States law and banking regulations. If the amount of coverage and Service Fees I (We) owe to InsureStays exceeds the regulated EFT or ACH debit daily limit, I (We) acknowledge that two or more such debits may be initiated to collect said coverage and Service Fees. If there are insufficient funds in My (Our) deposit account to cover the debit Draft or if My (Our) financial institution for any other reason refuses to honor a transfer I (We) will separately immediately pay InsureStays for the coverage and Service Fees I (We) owe under My (Our) Services Agreement. The amount InsureStays withdraws will change if the coverage and Service Fees I (We) owe InsureStays changes. However, no increase or decrease will become effective unless I (We) receive at least five (5) calendar days advance written notice of the change in the payment amount, or an invoice for the payment amount.

Customer Information

Customer Name (exact name as it appears on account)	Customer RentalGuardian Account Number
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Sample Check: Attach your voided check (not deposit slip) here...

Your Company Name
Company Address
City, State & Postal Code

Check No 1234
1-8
210

PLEASE ATTACH VOIDED CHECK HERE

Pay to the
Order Of

Date

\$

Dollars

Happy National Bank
Anytown, CA 90000

For

: 21000083 : -- 310987654 1234

Authorized Signature

Automated Bank Transfer (EFT or ACH Collection)

Depository Name	Branch Name (if applicable)	
City	State	Zip Code
Routing/Transit Number	Account Number	

- ☐ I (We) Authorize InsureStays to Automatically draft the above account bi-monthly for the balance due on my account.
- ☐ I (We) would like to manually login to our RentalGuardian account and select the policies to be processed by InsureStays. (Processing under manual is completed within 3 business days.)

I (We) acknowledge and accept that insurance coverage and premium remittances are held in trust, due and payable by Me (Us) to InsureStays upon receipt by Me (Us) from purchasers thereof. This Authorization is to remain in full force and effective until InsureStays has received written notification from Me (Us) of its termination in such time and in such manner as to afford InsureStays and the Depository a reasonable opportunity to act on it. This agreement does not supersede any previous agreement.

Agreed and Accepted

Merchant	Customer	Service Costs
Company Name INSURESTAYS INSURANCE AGENCY LLC	Printed Name	Transaction Frequency 1-2 per month
Company ID Number 27-3777498	Printed Title	Transaction Date
Date	Signature	Between the 5 th and the Last Day of each Month

Completion Instructions:
Scan/Email to: Accounting@insurestays.com
Attn: InsureStays Accounting

Contact Information:
Phone: (843)286-5144 ext 410
www.insutestays.com

InsureStays Insurance Agency LLC
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