



TEXAS WINDSTORM  
INSURANCE ASSOCIATION

## Consumer Authorization for ACH Debit

*Use when consumer is physically present*

I (we) authorize Texas Windstorm Insurance Association ("TWIA") to electronically debit my (our) account as follows:

Select one:

Checking Account

Savings Account

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debit: \_\_\_\_\_

Date of Debit: \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify TWIA in writing by mail to 5700 South Mopac Expressway, Building A, Austin TX 78749 that I (we) wish to revoke this authorization. I (we) understand that TWIA requires at least 2 weeks' notice prior to the proposed effective date of the debit in order to cancel this authorization. I (we) agree that ACH transactions that I (we) authorize comply with all applicable law.

In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original amount of the transaction, as well as a returned item fee, up to the maximum amount allowed by law.

In the event that a payment is returned for insufficient funds, TWIA will initiate the policy cancellation process.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

\_\_\_\_\_

*Please attach a voided check for the account referenced above if available.*