

Direct Debit

Authorization Agreement

Owner/Operator Services, Inc. (OOSI) is hereby authorized to debit the following account with the depository named below for insurance premium to be paid to Operators Reinsurance Company.

Bank Name

City

State

Zip Code

Transit ABA

*(Transit/ABA Number is the 9-digit number
at the bottom left corner of your check)*

Account Number

Amount to be debited monthly:

Store Number(s)

\$ _____

OOSI is authorized to debit an additional 3% for penalty for insufficient funds.

Signature

Date

Print Name

Instructions: Send this form to Owner/Operator Services, Inc. via email to juliee@oosi.com or fax 972-509-4780