Trusted Choice® | Independent Insurance Agents & Brokers of South Carolina

**Automated Debit Authorization & Agreement
for IIABSC Membership Dues**

Contact Name: _____   Business Name: _____

Address: _____   City, State, ZIP: _____

Billing name &address: [ ] Same as above)   Phone: _____

City, State, ZIP: _____   Annual Membership Dues: $_____

Payment Options

[ ]   **Authorize one-time dues payment**
        Please deduct a one-time payment of $_____for the total amount of annual IIABSC membership dues.

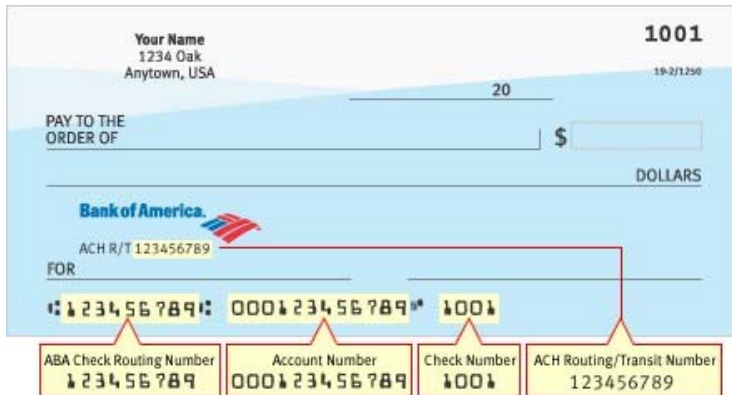[ ]   **Authorize monthly dues payments**
        To be withdrawn on the 15th of each month. Membership will automatically renew each year on January 1st with payments being transferred from my account on the 15th of each month. Please deduct one-twelfth 1/12 of annual IIABSC membership dues each month and automatically renew on an annual basis.

I hereby authorize Independent Insurance Agents & Brokers of South Carolina, Inc. to initiate a debit entry to my/our account at the Depository named below. To correct a transaction error, Independent Insurance Agents & Brokers of South Carolina, Inc. is hereby authorized to initiate an adjusting debit or credit entry to my/our depository account. I am an authorized signer for my/our account.

The authorization is to remain in full force and effect until the Independent Insurance Agents & Brokers of South Carolina has received written notification from me (or us) of its termination no less than 15 days prior to the next transaction date.   I will incur a $4 service fee for any payment transaction returned/declined by my/our Depository account due to non-sufficient funds or change(s) to my/our account that have not been approved via written notice to the Independent Insurance Agents & Brokers of South Carolina, Inc., previous to the return/decline. By paying your dues you are agreeing to accept and adhere to the Trusted Choice License Agreement and Pledge of Performance (www.trustedchoice.com/licenseagreement). You may opt out by emailing trustedchoice@iiaba.net.

Authorization Signature x_____   Date x _____

Payment by Bank Account

Use information on file (check here)_____

First, Last Name of Authorized Check Signer

_____ _____

Bank Routing Number: _____

Bank Account Number: _____