



Single Payment Authorization Form  
Agency Checking Account

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*Please Complete the Information Below:*

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I, \_\_\_\_\_ authorize Shoreline Aviation Insurance, LLC to  
debit my account for the amount \_\_\_\_\_.

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Named of Insured: \_\_\_\_\_

Email: \_\_\_\_\_

Banking Account Information

Name on account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank City/ State \_\_\_\_\_

Account # \_\_\_\_\_

Bank Routing Number # \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I agree to allow access for a one-time payment from my account information entered in this page's Banking Account Information section for ACH debits to my checking or savings account, whichever account is used. I understand that because this is an electronic transaction, these funds may be withdrawn from my account for the above noted and on date I acknowledged that the origination of ACH transaction to my account must comply with the provisions of U.S. law. If the transaction corresponds to the invoice payment terms, I will not dispute the company billing with my bank.