

PREAUTHORIZED DEBITS BY KANAWHA INSURANCE COMPANY

Name of Depositor as shown on bank records. (Print)	<input type="checkbox"/> Checking Account Number <input type="checkbox"/> Savings
Name of Bank and Branch Name, if any and address of Bank or Branch where account is maintained.	Policy Number(s)

For my benefit and convenience, I hereby request and authorize you to pay and charge to my account debits drawn on my account by the KANAWHA INSURANCE COMPANY to its own order. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such debit.

In consideration of your compliance with such request and authorization, I agree that your treatment of each such debit and your rights in respect to it, shall be the same as if it were signed personally by me and that if any such debit be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

The KANAWHA INSURANCE COMPANY is instructed to forward this authorization to you.

Date	Signature of depositor is shown on bank records for account which this authorization is applicable.
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PREMIUM PAYMENTS

To Kanawha Insurance Company (herein "Kanawha"), Lancaster, South Carolina.

I hereby authorize Kanawha to debit each month for the payment of premiums on the insurance policy(ies) applied for simultaneously herewith, and such other policies as I may specify from time to time, on my account as evidenced by the attached Personalized Voided Check. (This Bank and Bank Routing is incorporated in this agreement by reference.)

(Name of Bank)

(Address of Bank)

Debits for a new policy(ies) will be made on the day of the policy. Combine all policies, including new issues, in one debit on the _____ day of each month. **If no election is made, debits will be entered on the first day of each month.**

I agree in consideration of Kanawha's acceptance hereof:

1. Each such debit shall constitute proper notice of premium due.
2. Should any such debit be dishonored by the drawee upon presentation, the premium(s) for which it is drawn shall be paid Kanawha within the time stipulated in the policy(ies) for payment and if not so paid the policy(ies) shall become null and void except as otherwise provided therein.
3. This authority, or Kanawha's acceptance thereof, may be terminated at any time by me or by Kanawha, which termination shall become effective upon the delivery by the terminating party of written notice thereof to the other party.
4. Upon the termination of this authority the premiums on the policy(ies) covered hereunder shall thenceforth be payable on a quarterly basis as provided by the provisions thereof unless otherwise expressly agreed.

(Date)

Signature (Payer)

(HOME OFFICE COPY)

Signature (Applicant or Owner, if other than Payer)

Please enclose a copy of a voided or cancelled check for account number verification purposes.

INDEMNIFICATION AGREEMENT

To: Bank Named on the reverse side

Inconsideration of your compliance with the request and authorization of the depositor named on the reverse side.

THE KANAWHA INSURANCE COMPANY AGREES THAT:

1. It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any debit by Kanawha Insurance Company to its own order on the account of such person, or from any liability to any such person or to any owner or beneficiary of any policy issued by Kanawha Insurance Company in respect of which such a debit is drawn arising out of the dishonor by you whether with or without cause of any such debit drawn by Kanawha Insurance Company, provided there are sufficient funds in such account to pay the same upon presentation, whether or not such claim or liability asserted against you be based upon the forfeiture or alleged forfeiture, of a policy the premium on which is sought to be collected by Kanawha Insurance Company by any such debit, and
2. It will refund to you any amount erroneously paid by you to Kanawha Insurance Company on any such debit if claim for the amount of such erroneous payment is made by you within twelve months from the date of the debit on which such erroneous payment was made.

KANAWHA INSURANCE COMPANY

By


Secretary

1. Notice of Changing Amounts: If the regular payments changes in amount, the Company will tell you, ten days before each payment, when it will be made and how much it will be.
2. The Authorization may be cancelled by calling Kanawha Insurance Company, (803) 286-2414, or writing P.O. Box 610, Lancaster, SC 29721, Attention: Policy Administration, in time for us to receive your request five business days or more before the payment is scheduled to be made. If you call, we may also require that your request be made in writing and get to us within 14 days after you call.

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